

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

OCD Hobbs

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMMN137469

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other Instructions on page 2

RECEIVED
SEP 23 2019

7. If Unit or CA/Agreement, Name and/or No.
NMMN139207

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
NANDINA FED COM 25 36 31 125H

2. Name of Operator
AMEREDEV OPERATING LLC
Contact: CHRISTIE HANNA
E-Mail: CHANNA@AMEREDEV.COM

9. API Well No.
30-025-45244-00-X1

3a. Address
5707 SOUTHWEST PARKWAY BLDG 1 STE 275
AUSTIN, TX 78735

3b. Phone No. (include area code)
Ph: 7373004723

10. Field and Pool or Exploratory Area
UNKNOWN
WOLFCAMP

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 31 T25S R36E SESE 200FSL 2270FEL
32.080128 N Lat, 103.303001 W Lon

11. County or Parish, State
LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

12/9/2018 Run 122 jts 9 5/8" 40# L80 BTC to 5085'

12/9/2018 Pressure tested lines to 3000 psi. Pump 20 bbls dye spacer. Pump 20 bbls gel spacer. Pump 527 bbls (1200 sks) lead cement 50:50:10 Class C: Poz:Gel w/ LCM fiber in first 50 bbl with 5.0% PF-044, 10.0% PF-020, 0.2% PF-153, @ 11.9 ppg and yield 2.47 cuft/sk. Pump 63 bbls (300 sks) tail cement Class H with 0.1% PF-153 @ 15.6 ppg and yield 1.18 cuft/sk. Full Returns. Bump Plug at 500 psi. Circulate 20 bbls cement to surface.

12/10/2018 Pressure test 9 5/8" casing to 1500 psi. Test OK.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #475794 verified by the BLM Well Information System
For AMEREDEV OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH HAM on 07/30/2019 (19DMH0175SE)**

Name (Printed/Typed) ZACHARY BOYD	Title OPERATIONS SUPERINTENDENT
Signature (Electronic Submission)	Date 07/30/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title Accepted for Record	Date SEP 12 2019
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office Jonathon Shepard Carlsbad Field Office	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

KS

Attachment

Form 3160-5
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

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NMNM137469

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

Oil Well Gas Well Other

8. Well Name and No.
NANDINA FED COM 25 36 31 125H

2. Name of Operator
AMEREDEV OPERATING LLC

9. API Well No.
30-025-45244

3a. Address
5707 Southwest Parkway, Building 1, Suite 275 Austin, TX 78735

3b. Phone No. (include area code)
(737)300-4700

10. Field and Pool or Exploratory Area
WC-025 G-09 S263620C / WOLFCAMP

4. Location of Well (Footage, Sec., T.R.M. or Survey Description)
Surface: Lot O / 200 FSL / 2270 FEL / LAT 32.0801286 / LONG -103.3030035
At Proposed prod. zone: NWNE / 200 FNL / 2318 FEL / LAT 32.1080685 / LONG -103.3031685

11. Country or Parish, State
LEA, NM

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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Zachary Boyd

Title Operations Superintendent

Signature

Date 02/14/2019

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Approved by

Title

Date

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Office

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