

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS **Carlsbad Field Office**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. **OCB Hobbs**

Lease Serial No. NM136235

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No. NMNM139083

8. Well Name and No. FIRETHORN FED COM 26 36 04 113H

9. API Well No. 30-025-44961-00-S1

10. Field and Pool or Exploratory Area UNKNOWN WOLFCAMP

11. County or Parish, State LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

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

3a. Address 5707 SOUTHWEST PARKWAY BLDG 1 STE 275 AUSTIN, TX 78735 3b. Phone No. (include area code) Ph: 7373004723

4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T25S R36E SESW 200FNL 1700FWL 32.080129 N Lat, 103.273130 W Lon

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 recompleat 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 recompleat 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.

9/27/2018 - Run 253 jts 7-5/8" HCP110 29.7# to 10637'

9/28/2018 - Pressure tested lines to 5,500 psi. Pumped 20 bbls of chemical wash followed by, 20 bbls of fresh water. Pumped 131 bbls of lead cement (300 sks) @ 11.9 ppg (2.47 cuft/sk, 50:50:10 - Class H:Poz:Gel w / 5% Salt +10% Gel + 0.3% Fluid Loss + 0.2% Retarder + 0.125 lb/sk Cellophane + 3 lb/sk Kolseal + 0.4 lb/sk Defoamer 0.2% Anti Setting). Pumped 66 bbls of tail cement (300 sks) @ 14.4 ppg (1.25 cuft/sk, 50:50:2 - Poz: Class H: Gel w/ 0.3% Fluid Loss + 0.3% Dispersant + 0.1% Retarder). Dropped Latch in top plug and began displacement. Pumped 484 bbls of fresh water. Bumped plug, floats held, bled back 3.5 bbl. Full returns throughout job.

Tested Casing to 2500 psi (Test Good)

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

Electronic Submission #475997 verified by the BLM Well Information System For AMEREDEV OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 07/31/2019 (19PP2699SE)

Name (Printed/Typed) ZACHARY BOYD Title OPERATIONS SUPERINTENDENT

Signature (Electronic Submission) Date 07/31/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title **Accepted for Record** SEP 19 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 ****

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

*Attachment for
EC 478997*

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

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.
NMNM136233

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
AMEREDEV OPERATING LLC

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

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

4. Location of Well (Footage, Sec., T, R, M., or Survey Description)
Surface: SESW / 200 FSL / 1700 FWL / LAT 32.0801291 / LONG -103.2731308
At Proposed prod. zone: SESW / 330 FSL / 1700 FWL / LAT 32.0514554 / LONG -103.2731201

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

8. Well Name and No.
FIRETHORN FED COM 26 36 04 113H

9. API Well No.
30-025-44961

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

11. Country or Parish, State
LEA, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
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<input 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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Tested Casing to 2500 psi (Test Good)

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

Title Operations Engineer

Signature _____ Date 11/19/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____ Date _____

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 _____

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(Instructions on page 2)