District I 1625 N. French Dr., Hobbs, NM 88240 District II 817 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 MAY 06 2014 Santa I Santa I	Revised August 1, 2011
District IV 1220 S. St. Francis Dr. Santa Fe. NM 87505	NFO Permit No(For Division Use Only)
RECEIVED	
	N TO NO-FLARE RULE 19.15.18.12 C and Rule 19.15.7.37 NMAC)
A. Applicant ConocoPhillips Company	
whose address is <u>P. O. Box 51810 Midland, T</u>	X 79710 ,
	8.12 fordays or until
	for the following described tank battery (or LACT):
	Name of Pool
Location of Battery: Unit Letter <u>N</u>	Section <u>25</u> Township <u>26S</u> Range <u>31E</u>
Number of wells producing into battery 1	
B. Based upon oil production of	barrels per day, the estimated * volume
of gas to be flared is60	MCF; Valueper day.
C. Name and location of nearest gas gathering f	facility:
D. Distance Estimated of	cost of connection
	g reasons:
ConocoPhillips request to vent/flare this CTB fro	
vent/flare 60 mcf/d.	· · · · · · · · · · · · · · · · · · ·
Golden Spur Federal IY- API# 30-015-39649.	
OPERATOR I hereby certify that the rules and regulations of the Oil Conservation	OIL CONSERVATION DIVISION
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	Approved Until
Signature & Ron & Zerran	ONLY-
	By Receipted for Receord Only Title Receipted for Receord Only
Printed Name & Title Rhonda Rogers Staff Regulatory Technician	Title SIL

Date \_

Date 04/30/2014 Telephone No. (432)688-9174

E-mail Address rogerrs@conocophillips.com

\* Gas-Oil ratio test may be required to verify estimated gas volume.

					BS OCD		
Form 3160-5 (August 2007)	DE	UNITED STATES PARTMENT OF THE IN	ITERIOR	MAY (	0 6 2014	OMB N	APPROVED NO. 1004-0135 : July 31, 2010
-		JREAU OF LAND MANAC NOTICES AND REPOP		REC	EIVED	5. Lease Serial No. NMLC068282B	
	Do not use this	s form for proposals to ( I. Use form 3160-3 (APD	drill or to re-enter an	) S.		6. If Indian, Allottee	or Tribe Name
	SUBMIT IN TRIF	PLICATE - Other instruct	tions on reverse side	e.		7. If Unit or CA/Agro	cement, Name and/or N
1. Type of Well ☐ Oil Well ☐ Gas Well ☑ Other: UNKNOWN OTH						8. Well Name and No. GOLDEN SPUR FEDERAL 1Y	
2. Name of Operator CONOCOPHILLIPS     Contact:     ASHLEY BERGEN E-Mail: ashley.bergen@conocophillips.com						9. API Well No.	
P.O. BOX 51810 Ph: 432-68				clude area code) 10. Field and Pool, or Exploratory 983 WILDCAT			
MIDLAND, TX 79710           4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				····		11. County or Parish, and State	
						EDDY COUNT	Y, NM
12	2. CHECK APPR	OPRIATE BOX(ES) TO	INDICATE NATUR	E OF NO	TICE, RE	PORT, OR OTHE	ER DATA
TYPE OF SU	JBMISSION	· ·······	T	YPE OF A	CTION		· · · · · · · · · · · · · · · · · · ·
Notice of In	itent		Deepen			on (Start/Resume)	U Water Shut-Of
Subsequent	Report	□ Alter Casing	Fracture Treat		Reclama		Well Integrity
-	ionment Notice	Casing Repair Change Plans	New Construction Plug and Aban	-	Recompl	irily Abandon	Other Venting and/or Fl
	ionnent rionee - j			-		•	ng
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