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Form 3160-5 (August 2007)	UNITED STAT DEPARTMENT OF THE BUREAU OF LAND MA	E INTER NAGEM	IOR APR 17 IENT Farmington Fi		Expires:	o. 1004	-0137	
	eme SF-078913							
SUNDRY NOTICES AND REPORTS ON WELLS					6. If Indian, Allottee or Tribe Name			
	e this form for proposals well. Use Form 3160-3 (A							
SUBMIT IN TRIPLICATE - Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.			
1. Type of Well Oil Well X Gas Well Other					Li	Lindrith B Unit		
					8. Well Name and No. Lindrith B Unit 15			
2. Name of Operator ConocoPhillips Company					9. API Well No. 30-039-22555			
			e No. (include area co	de)	10. Field and Pool or Exploratory Area			
PO Box 4289, Farmington, NM 87499			(505) 326-9700		Lindrith West Gallup Dakota			
4. Location of Well <i>(Footage, Sec., T.,</i>) Surface UNIT O (\$	ec. 21, T24N, R	3W	11. Country or Parish, State Rio Arriba	, I	New Mexico			
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA								
TYPE OF SUBMISSION TYPE OF AC					TION			
Notice of Intent	Acidize	Deep	ben	P	roduction (Start/Resume)		Water Shut-Off	
	Alter Casing	Fract	ure Treat	A 🗌	eclamation		Well Integrity	
X Subsequent Report	Casing Repair	New	Construction	F	lecomplete	X	Other Remove CIBP	
(5¥	Change Plans	Plug	and Abandon		emporarily Abandon	-		
Final Abandonment Notice Convert to Injection Plug Back 13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting data					Water Disposal			
4/3 - 4/5 - Hot oiled dov tubing as went until all 206 jts., 2 3/8", 4.7#, J- Made 2 swab runs w/o	 TOOH w/ rods. Pump sta wn tubing to clear paraffin. tubing and pump retrieved. 55 tubing and set @ 7,534' NU WH. TIH w/ pump & 	RU WL. 4/5 TIF w/FN @	Had to shoot h I w/ mill & C/O s 7,499'. RD flo	noles ir icale. ior. N[n tubing to continue w/c Tagged CBP @ 7,279' D BOP and set tubing a	. M/O Incho	plug. TIH w/ r @ 6,394'.	
4/11/13 - RD & released rig.						IL C	IPR 23 '13 DNS. DIV. IST. 3	
14. I hereby certify that the foregoing i DEN	s true and correct. Name (Printed/Typ ISE JOURNEY	ped)			Regulatory Tech	nicia	n	
	1	<u>-</u>	Title					
Signature	Date							
	THIS SPACE FO	DR FED	ERAL OR STAT	re of	FICE USE ACT		oroda record	
Approved by				itle.		APR	1 8 2013	
Conditions of approval, if any, are attact that the applicant holds legal or equital entitle the applicant to conduct operation	certify vould O	ffice	PARIER 74	،ر ا	<u> </u>			
Title 18 U.S.C. Section 1001 and Title false, fictitious or fraudulent statements				willfully	to make to any department or a	gency c	f the United States and	
(Instruction on page 2)	,	a a c						

