

State of New Mexico  
Energy, Minerals and Natural Resources Department

**Susana Martinez**  
Governor

**David Martin**  
Cabinet Secretary-Designate

**Brett F. Woods, Ph.D.**  
Deputy Cabinet Secretary

**Jami Bailey, Division Director**  
Oil Conservation Division



New Mexico Oil Conservation Division approval and conditions listed below are made in accordance with OCD Rule 19.15.7.11 and are in addition to the actions approved by BLM on the following 3160-4 or 3160-5 form.

Operator Signature Date:

Application Type:

☐ P&A    ☐ Drilling/Casing Change    ☐ Recomplete/DHC  
☐ Location Change    ☒ Other: T/A

Well information:

API WELL #	Well Name	Well #	Operator Name	Type	Stat	County	Surf. Owner	UL	Sec	Twp	N/S	Rng	W/E
30-039-20296-00-00	SAN JUAN 29 5 UNIT	051	CONOCOPHILLIPS COMPANY	G	T	Rio Arriba	F	M	19	29	N	5	W

Conditions of Approval:

Notify NMOCD 24hrs prior to beginning operations

A MIT will need to be performed and approved prior to 3/30/2014 to extend the T/A past 3/30/2014. Per rule 19.15.25.12

NMOCD Approved by Signature

2-13-14  
Date

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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.**

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit of CA/Agreement, Name and/or No. SAN JUAN 29-5 UNIT	
2. Name of Operator ConocoPhillips Company		8. Well Name and No. SAN JUAN 29-5 UNIT 51	
3a. Address PO Box 4289, Farmington, NM 87499		9. API Well No. 30-039-20296	
3b. Phone No. (include area code) (505) 326-9700		10. Field and Pool or Exploratory Area BASIN DAKOTA	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Surface UNIT M (SWSW), 1150' FSL & 1150' FWL, Sec. 19, T29N, R5W		11. Country or Parish, State Rio Arriba New Mexico	

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 checked="" type="checkbox"/> Other MIT
	<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.)

ConocoPhillips intends to perform an MIT test on subject well as per the NMOCD regulations requiring MIT every 5 years. The last MIT was performed 3/30/09. Procedure is attached.

RCVD FEB 10 '14  
OIL CONS. DIV.  
DIST. 3

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) DENISE JOURNEY		Title REGULATORY TECHNICIAN	
Signature <i>Denise Journey</i>		Date 2/4/2014	

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by Original Signed: Stephen Mason		Title FEB 07 2014 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	

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.

(Instruction on page 2)

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