			ECE		F.			
Form 3160-5	UNITED STAT	۲ES و ک	E OF			M APPROVED		
(August 2007)	DEPARTMENT OF THE		rro 14			No. 1004-0137		
	BUREAU OF LAND MAT	NAGEMENT	FEB 1		· · · · · · · · · · · · · · · · · · ·	es: July 31, 2010		
		c,	armington f	5. Lease So	erial No. #	NM-03563		
SU	NDRY NOTICES AND REP							
Do not us	e this form for proposals	to drill or to re	e-enter an					
abandoned well. Use Form 3160-3 (APD) for such proposals.								
SUBMIT IN TRIPLICATE - Other instructions on page 2.  1. Type of Well					7. If Unit of CA/Agreement, Name and/or No.			
Oil Well X Gas Well Other					8. Well Name and No.			
					Gage LS 3			
2. Name of Operator ConocoPhillips Company				9. API We	9. API Well No. <b>30-045-24674</b>			
3a. Address     3b. Phone No. (include area code)				10. Field a	10. Field and Pool or Exploratory Area			
PO Box 4289, Farmingt	(505) :	326-9700		Aztec Pictured Cliffs				
4. Location of Well (Footage, Sec., T., I Surface Unit E (SV	10// Coo 20 T			11. Country or Parish, State San Juan , New Mexico				
Surface Unit E (SV	VNW), 1750' FNL & 1090' F	•WL, Sec. 20,	130N, R100		San Juan	, New I	AIEXICO	
12. CHECK	THE APPROPRIATE BOX(ES	) TO INDICATE	NATURE OF	NOTICE, RE	PORT OR OT	HER DATA		
TYPE OF SUBMISSION TYPE OF AC								
Notice of Intent	Acidize	Deepen			Start/Resume)	Water		
	Alter Casing	Fracture Treat		Reclamation		Well In		
Subsequent Report	Casing Repair	New Construc	tion	Recomplete		X Other	FAN (TWIN)	
	Change Plans	Plug and Abar	idon	Temporarily	Abandon			
X         Final Abandonment Notice           13. Describe Proposed or Completed Optimized	Convert to Injection	Plug Back		Water Dispos				
determined that the site is ready fo The subject well was	Abandonment Notices must be filed or r final inspection.) P&A'd on 11/25/03. Reclanich is a producing well. F	mation canno	t be comple	eted as this	well is twin	ned with the	e Gage 3F	
Please remove the subject well from the ConocoPhillips Company bond.					RCVD FEB 19'14 OIL CONS. DIV. DIST. 3			
14. I hereby certify that the foregoing is <b>Do</b>	s true and correct. Name (Printed/Typ Ilie L. Busse	ed) Title		Staff F	Regulatory T	echnician		
~~~~	P /							
Signature X Allin Lane Date 2-13					-14			
	THIS SPACE FC	R FEDERAL (	OR STATE (	OFFICE USI	 E	<b>_</b>		
Approved by Mark	Kelly		Title		h Chief	Date	FEB 18 2014	
Conditions of approval, if any, are attact that the applicant holds legal or equitab entitle the applicant to conduct operation	le title to those rights in the subject leans thereon.	ase which would	Office		overvion au	গৰ্ভা হিৰ্ভৰ্ভান্স		
Title 18 U.S.C. Section 1001 and Title false, fictitious or fraudulent statements			wingly and will	fully to make to a	any department or	agency of the Un	ited States any	
(Instruction on page 2)		NMOCI						