Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



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

SUNDRY NOTICES AND REPORTS ON WELES;		Elio of Eline min	ATODINE! (1	JNF 0,	5. Lease Serial No.		
Do not use this form for proposals to drill or to the thing. It is a bandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on page 2 7.1 (Unit of CA/Agreement, Name and/or No.			~		S	F-078863	
SUBMIT W TRIPLICATE - Other instructions on page 2. T. If Unit of CA/Agreement, Name and/or No.						Name	
Type of Well					laigheile men		
S. Well Name and No. Krause WN Federal 5E 2. Name of Operator ConocoPhillips Company 3a. Address PO Box 4289, Farmington, NM 87499 4. Location of Well (Feorlage, Sec. T.R.M. or Survey Description) Surface Unit E (SWNW), 1785' FNL & 880' FWL, Sec. 28, T28N, R11W 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Alter Casing Practure Test Alter Casing Practure Test Alter Casing Practure Test Casing Repair New Construction Recomplete Change Plans Plug and Abandon Temporarily Abandon Tempo					7. If Unit of CA/Agreement, N	Jame and/or No.	
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2. Name of Operator ConocoPhillips Company 30-045-24121 30-045-24121 30-045-24121 30-045-24121 30-045-24121 30-045-24121 30-045-24121 30-045-24121 30-045-24121 30-045-24121 30-045-24121 10. Field and Pool or Exploratory Area Basin Dakota 11. Country or Parish, State Surface Unit E (SWNW), 1785' FNL & 880' FWL, Sec. 28, T28N, R11W 11. Country or Parish, State San Juan New Mexico 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Acidize Deepen Fracture Treat Reclamation Well Integrity Well Integrity Recomplete Other Change Plans Plug and Abandonn Plug Back Water Disposal 30-045-24121 10. Field and Pool or Exploratory Area Basin Dakota 11. Country or Parish, State San Juan New Mexico 11. Country or Parish, State San Juan New Mexico 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF ACTION Well Integrity Well Integrity Well Integrity Recomplete Other Change Plans Plug Back Water Disposal 30-045-24121 31. 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 recomplete horizontally, give subsurface locations and measured and true vertical deplays of all pertinent markers and zones. Attach the bond under which the work will be performed or provide the Bond No. on file with ELMSIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomplete on in a new interval, a Form 3160-4 must be filed once Testing has been completed. Final Abandonement Notices must be filed only after all requirements, including reclamation, have been completed within 30 days of the performed of the work will be performed on provide the Bond No. on file with ELMSIA. Required subsequent reports must b	Oil Well X Gas	s Well Other	·				
3a. Address PO Box 4289, Farmington, NM 87499 3b. Phone No. (include area code) (505) 326-9700 4. Location of Well (Footage, Sec., T.R.M., or Survey Description) Surface Unit E (SWNW), 1785' FNL & 880' FWL, Sec. 28, T28N, R11W 11. Country or Parish, State San Juan New Mexico 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Acidize Deepen Production (Start/Resume) Acidize Production (Start/Resume) Acidize Production (Start/Resume) Acidize Prince Treat Recomplete Other Casing Repair New Construction Recomplete Other Convert to Injection Plug Back Water Disposal 15. 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 recomplete 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 recompletion and 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 one treating 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.) The subject well was P&A'd on 8/26/11 and ConocoPhillips completed the reclamation on 5/16/14. Seeding was completed on 5/20/14.	2 Name of Operator					WN Federal 5E	
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Notice of Intent Acidize	12. CHECK THE A	APPROPRIATE BOX(ES)	TO INDICATE NATU	RE OF NO	TICE, REPORT OR OTH	ER DATA	
Notice of Intent Acidize	TYPE OF SUBMISSION		TY	PE OF AC	TION		
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X Subsequent Report Casing Repair New Construction Recomplete Other Change Plans Plug and Abandon Temporarily Abandon Temporarily Aba			= ===================================			<u></u>	
Change Plans	X Subsequent Report	: · · · · · · · · · · · · · · · · · · ·		=			
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JUL 2 5 2014	_	on 8/26/11 and Conoc	coPhillips comple	ted the re	clamation on 5/16/14.	Seeding was	
					OIL CONS. DIV	DIST. 3	
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)					JUL 25	2014	
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)							
	14. I hereby certify that the foregoing is true a:	nd correct. Name (Printed/Type	d)	147	<u> </u>	·	
Dollie L. Busse Title Staff Regulatory Technician	Dellie I. Pusse		Title St	off Regulat	tory Technician		
Dollie L. Busse Title Staff Regulatory Technician Signature Date 7/2/14	(1) 1/1/5 X	- /	Thie St		iory recumeran		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		Busse	Date •		'4		
Approved by Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable little to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Lussa THIS SPACE FO	Date	1/2//			

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.

ConocoPhillips

	Reclamation Form:
	Daie: 5/21/14
ı	Well Name: Krause WN FEDERAL #5E
	Footages: 1785 FNL + 880 FML Unit Letter: E
,	Section: 28 , T-28-N, R- // -W, County: 544 JuanState: WM
	Reclamation Contractor: Aztec Excavation
	Reclamation Start Date: 5/12/14
	Reclamation Complete Date: 5/16/14
•	Road Completion Date: 5/16/14
	Seeding Date: 5/20/14
•	**PIT MARKER STATUS (When Required): Picture of Marker set needed
	MARKER PLACED : N/A (DATE)
	LATATUDE: N/A
	LONGITUDE: N/A
	Pit Wanifold removed N/A (DATE)
	Construction Inspector: JARED CHAVEZ Date: 5/21/14
-	Inspector Signature:
	Office Use Only: SubtaskDSMFolderPictures
	Revised 6/14/2012

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RCC R amation Complete	tion	Chec	klist	sogment	chat upplies and medicilia for od 1		
Location: KRAUSE WN FEDERAL	#5E		New Facility? Yes (No Network/RFE/WO#: 103/3452				
BLM Contact:			Operations/First Delivery Contact: N/A				
Notes: Initial at least one box for each item listed. (A	Ali boxe	s must be	completed before completion)				
This RCC form is applicable for Reclamations, P&A F			-	•	:		
Complete the applicable segment and mark N/A for the					: •		
RCC must be completed before planning order can b			ete and closed in the system.				
Comments:		o o	Comments:	5 9	Comments:	ச இ	
	Completed	Incomplete N/A		Completed Incomplete		Completed Incomplete N/A	
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	ا ا	Inc N/A		S Fig		S F S	
Interim Reclamation		Initial	P&A Reclamation	Initial	Landiarm Reclamation	Initial	
Has APD been reviewed prior to work beginning	***************************************		Has 72 hour notice been issued to the proper people	ايح	Has closure work order been received from SAP		
Has 72 hour notice been issued to the proper people			Has all equipment and piping been removed	JC	Has BLM been notified of Intent to close Landfarm		
Have pit sample results been received		1-1-1	Have all anchors been removed	σc	Has onsite meeting with BLM taken place		
Has water been removed from pit			Does contouring meet Gold Book standards	50	Have berms and material been properly respread		
Is there adequate freeboard to establish 4' of cover			Has top soil been spread evenly	JC	Has landfarm been properly disc and seeded		
Does contouring meet Gold Book standards			Has location been properly ripped	JC	Has proper seed mix been used		
Has top soil been spread evenly			Has all road stipulations been met	<i>پر</i>	is all trash and debris been removed from location		
Has location been properly disc			Has CMP's been removed	JC_	Has landfarm reclamation form been turned in		
Has location been seeded with proper seed mix			Has pit marker been removed	JC	Notes:		
Has back slopes been properly seeded			Has location been properly disc	العتا			
Have wellhead guards and jersey barriers been removed	3		Has location been seeded with proper seed mix	JC	<u>.</u>		
Has trash and debris been removed from location			Has access road been properly seeded	JC			
Have reclamation and pit marker photos been taken			Has trash and debris been removed from location	50			
Dig and Haul			Has final reclamation photos been taken	JC			
Has certificate of waste been issued to landfarm			Has P&A reclamation form been turned in	تح ا			
Have all pit contents including liner been removed			Notes:		1		
Has sample after content removal been taken							
Notes:							
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			·				
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				*	:		
Interim Reclamation Complete			P & A-Reckimation Complete		P & A Reclamation Complete		
			1/X/n/				
Signature:			Signature:		Signature:		
Date:			Daie: \ 5/21/14		Date:		