

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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ZULFORM APPROVED OMB No. 1004-0137

Expires: July 31, 2010

		F	5. Lease Serial No. armington Field Office	IM-0546		
Do not i	UNDRY NOTICES AND REF use this form for proposals ed well. Use Form 3160-3 (PORTS ON WELLS to drill or to re-enter an	eau of Land Managemer 6. Irlhuian, Allottee or Tribe N	ame		
	SUBMIT IN TRIPLICATE - Other in	7. If Unit of CA/Agreement, Na	ame and/or No.			
1. Type of Well Oil Well	X Gas Well Other	8. Well Name and No. Maddox WN Federal 1				
2. Name of Operator	ConocoPhillips Comp	9. API Well No.	45-09529			
Ba. Address PO Box 4289, Farmin		3b. Phone No. (include area code) (505) 326-9700	code) 10. Field and Pool or Exploratory Area			
Location of Well (Footage, Sec., 7 Surface Unit H	T.,R,M., or Survey Description) (SENE), 1650' FNL & 990' F	EL, Sec. 13, T30N, R13W	11. Country or Parish, State San Juan	New Mexico		
12. CHEC	K THE APPROPRIATE BOX(ES	S) TO INDICATE NATURE OF NO	L DTICE, REPORT OR OTHE	R DATA		
TYPE OF SUBMISSION		TYPE OF AC	CTION			
X Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair	Fracture Treat	Production (Start/Resume) Reclamation Recomplete	Water Shut-Off Well Integrity X Other TA Status		
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon X	Temporarily Abandon Water Disposal	Extension		
Testing has been completed. Fit determined that the site is ready The subject well was review for future uphors.	nal Abandonment Notices must be filed for final inspection.) TA'd on 8/19/08. ConocoPlole potential.	s in a multiple completion or recompletior only after all requirements, including reclabilities requests permission to	amation, have been completed and	I the operator has		
* TA Extension	n approved unti	OIL CONS. DIV DIST. 3				
& Submit To	ind A NOT by	5/1118		NOV 0 9 2015		
4. I hereby certify that the foregoing	g is true and correct. Name (Printed Typ	ed)				
Dollie L. Busse		Title Staff Regulat	Title Staff Regulatory Technician			
Signature Allle	i & Busse	Date 10/25	2/15			
	THIS SPACE FO	R FEDERAL OR STATE OF	ICE USE			

14. I hereby certify that the foregoing is true and correct. Name (Printed Typed)	1			
Dollie L. Busse	Title Staff Regulatory Technician			
Signature Julie & Busse	Date 16/	122/15		
THIS SPACE FOR FEI	DERAL OR STAT	E OFFICE USE		
Approved by				
Abdelgadir Elmadani Conditions of approval, if any, are attached. Approval of this notice does not warrant of	Tit	le PE	Date 11/05/15	
Conditions of approval, if any, are attached. Approval of this notice does not warrant of that the applicant holds legal or equitable title to those rights in the subject lease which entitle the applicant to conduct operations thereon.		ice FFO		

false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instruction on page 2)