(August 2007)	UNITED STA DEPARTMENT OF TH BUREAU OF LAND MA		FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010 5. Lease Serial No.			
Do not us	NDRY NOTICES AND REF se this form for proposals d well. Use Form 3160-3 (to drill or to re-ent	er an	6. If Indian, Allottee or Tribe magement	Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2.				7. If Unit of CA/Agreement, 1	Name and/or No.	
1. Type of Well X Gas Well Other				Lindrith B Unit 8. Well Name and No. Lindrith B Unit 19		
2. Name of Operator ConocoPhillips Company			9. API Well No. 30-039-22715			
Ba. Address	3b. Phone No. (include a	rea code)	10. Field and Pool or Exploratory Area			
PO Box 4289, Farming	(505) 326-9					
4. Location of Well <i>(Footage, Sec., T.,</i> Surface Unit G (.R.,M., or Survey Description) SWNE), 1810' FNL & 1650'	FEL, Sec. 27, T24N	I, R3W	11. Country or Parish, State Rio Arriba	, New Mexico	
12. CHECK	THE APPROPRIATE BOX(ES	S) TO INDICATE NATU	JRE OF NOT	ICE, REPORT OR OTH	IER DATA	
TYPE OF SUBMISSION	SUBMISSION TYPE OF A			CTION		
Notice of Intent	Acidize	Deepen	Pr	oduction (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat		clamation	Well Integrity	
X Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon		complete mporarily Abandon	Other	
Final Abandonment Notice	Convert to Injection	Plug Back		ater Disposal		
bradenhead valve insta	monitor the bradenhead p alled. A 1/4" plate was cu A pipe and valve was then ellbore schematic.	stom cut and welde	ed from the	top of the surface of	asing to the	
	OIL	CONS. DIV DIST.	3	ACCEPTED FO	RRECORD	
		JUN 27 2016		FARMINGTON	2016	
				BY:	madan	
 I hereby certify that the foregoing i 	is true and correct. Name (Printed/Typ	ned)			nad any	
	is true and correct. Name (Printed/Typ		gulatory Te	BY:	nad an	
4. I hereby certify that the foregoing i Dollie L. Busse	is true and correct. Name (Printed/Typ	Title Re	gulatory Te	BY: /	nad an	
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Dollie L. Busse	e Busse	Title Re	6 / 15	chnician		
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