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Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR FEB 15 2017

FORM APPROVED

OMB No.	1004-013
Expires: Ju	ıly 31, 201

(g)	BUREAU OF LAND MAI	NAGEM	Expires: July 31, 2010				
Farmington Field Of					5. Lease Serial No.		
CII	NDRY NOTICES AND REP	ODTS O				F-080245	
	se this form for proposals				o. II medan, Anottee of Tribe N	ame	
	d well. Use Form 3160-3 (A						
SUBMIT IN TRIPLICATE - Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well				The one of State growing a tender of the			
Oil Well X Gas Well Other					8. Well Name and No.		
			Hamner 2M				
2. Name of Operator			9. API Well No.				
3a. Address 3b. Phone No. (include area code)			code)	30-045-33995 10. Field and Pool or Exploratory Area			
		505) 326-970	-	Blanco MV / Basin DK			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)				11. Country or Parish, State			
	SWNW), 1695' FNL & 636' F	WL, Sec	. 28, T29N, F	R9W	San Juan ,	New Mexico	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		NEW CLOVE			
12. CHECK	THE APPROPRIATE BOX(ES)	TO INDIC	CATE NATURE	OF NO	TICE, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION			TYPE	OF AC	TION		
Notice of Intent	Acidize	Deepe	n	P	roduction (Start/Resume)	Water Shut-Off	
	Alter Casing		re Treat		eclamation	Well Integrity	
X Subsequent Report	Casing Repair	New C	Construction		ecomplete	Other	
	Change Plans		nd Abandon		emporarily Abandon		
Final Abandonment Notice	Convert to Injection	Plug B	ack		ater Disposal		
following completion of the invol Testing has been completed. Fina determined that the site is ready for ConocoPhillips Comp	work will be performed or provide the Eved operations. If the operation results al Abandonment Notices must be filed or final inspection.) pany completed Interim Rec. 1/21/2016 approving the rec.	in a multiple only after all eclamatic	e completion or rec requirements, incl	completion in uding reclar	in a new interval, a Form 3160-4 mation, have been completed and	must be filed once d the operator has	
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Crystal Walker Title					Regulatory Coordinator		
Signature	I Wilker		Date 1/4	1/20	17		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
Approved by							
Sancharos				itle \$	up NKS	Date 2/16/17	
Conditions of approval, if any, are attact that the applicant holds legal or equitab	7.5			Office			
entitle the applicant to conduct operation		se which wo	and C	PF	7		

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.