*	RECEIVED				
Form 3160-5 (August 2007)	UNITED STATE DEPARTMENT OF THE I BUREAU OF LAND MAN	INTERIORFEB 2 8 20	17 ом	FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010	
			5. Lease Serial No.		
SU	NDRY NOTICES AND REPO	Farmington Field		NM-0546	
	se this form for proposals to			be Maine	
	d well. Use Form 3160-3 (AF				
SUBMIT IN TRIPLICATE - Other instructions on page 2.			7. If Unit of CA/Agreemen	t, Name and/or No.	
1. Type of Well Oil Well Gas Well Other				8. Well Name and No.	
				Maddox WN Federal 14	
2. Name of Operator			9. API Well No.		
3a. Address	dress ConocoPhillips Company 3b. Phone No. (include area code)			30-045-34086 10. Field and Pool or Exploratory Area	
PO Box 4289, Farmington, NM 87499		(505) 326-9700		Basin Fruitland Coal	
4. Location of Well (<i>Footage</i> , <i>Sec.</i> , <i>T.</i> , <i>R</i> , <i>M</i> , <i>or Survey Description</i>)		(,	11. Country or Parish, State	11. Country or Parish, State	
Surface Unit P (S	SESE), 1017' FSL & 725' FEL	., Sec. 12, T30N, R13W	San Juan	, New Mexico	
12. CHECK	THE APPROPRIATE BOX(ES) 1	TO INDICATE NATURE OF	NOTICE, REPORT OR O	THER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Reclamation	Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplete	X Other MIT &	
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily Abandon Water Disposal	TA Extension Request	
Attach the bond under which the v following completion of the involv Testing has been completed. Fina determined that the site is ready for 2/23/2017 RU Wellchec ConocoPhillips reques	k Test Unit. PT 4 1/2" casing ts to extend the TA status o OIL C	nd No. on file with BLM/BIA. Rec a multiple completion or recomple ly after all requirements, including r g to 638#/30min. Test-Ol of the subject well per th ONS. DIV DIST. 3 MAR 0 6 2017	uired subsequent reports must b tion in a new interval, a Form 31 reclamation, have been complete K. Chart attached. RD. he attached MIT. ACCEP	e filed within 30 days 60-4 must be filed once d and the operator has	
	s true and correct. Name (Printed/Typed)				
Dollie L. Busse Tit		Title Regulatory	Title Regulatory Technician		
signature Allie Aurse Date 2/28/2017					
	THIS SPACE FOR	FEDERAL OR STATE C	FFICE USE		
Approved by					
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify Title Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify Office that the applicant holds legal or equitable title to those rights in the subject lease which would Office entitle the applicant to conduct operations thereon. Office				Date	
	43 U.S.C. Section 1212, make it a crime f or representations as to any matter within		ally to make to any department or	agency of the United States any	
(Instruction on page 2)		NMOCDP	Y		
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