| Form 3160-5 (August 2007) | UNITED STATE: EPARTMENT OF THE D | | ICD Hobbs | OMB | M APPROVED NO. 1004-0135 | |
|---|---|--|---|---|---|--|
| BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an | | | HOBBS OCE | | | |
| | | | n | | | |
| | | | NUV @1 20 | | reement, Name and/or No. | |
| | IPLICATE - Other instruc | ctions on reverse sic | | | reement, Name and/or No. | |
| 1. Type of Well Coll Well Gas Well Out | | | RECEIVEE | 8. Well Name and No. WILDER FEDERAL AC 28 4H | | |
| 2. Name of Operator Contact: KRISTINA MICKENS CONOCOPHILLIPS COMPANY E-Mail: kristina.mickens@conocophillips.com | | | | 9. API Well No. 30-025-40502 | 9. API Well No. 30-025-40502-00-X1 | |
| 3a. Address 3b. Phone No. (include area code) Ph: 281-206-5282 | | | | | 10. Field and Pool, or Exploratory WC-025 G05 S263208P | |
| MIDLAND, TX 79710 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | 11. County or Parish, and State | | |
| Sec 28 T26S R32E NWNW 330FNL 330FWL | | | | | · LEA COUNTY, NM | |
| 32.011184 N Lat, 103.411515 W Lon | | | | | | |
| 12. CHECK APP | ROPRIATE BOX(ES) TO | D INDICATE NATU | RE OF NOTICE | E, REPORT, OR OTH | ER DATA | |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | | |
| □ Notice of Intent | Acidize | Deepen | Pro | duction (Start/Resume) | U Water Shut-Off | |
| Subsequent Report | □ Alter Casing | Fracture Trea | _ | lamation | U Well Integrity | |
| | Casing Repair | New Constru | - | complete | 🛛 Other | |
| Final Abandonment Notice | Change Plans Convert to Injection | Plug and Aba | . — | nporarily Abandon ter Disposal | | |
| ConocoPhillips Company resp results below. The 9-5/8" x 5-1/2" annulus w Sundry procedure. On Octobe the job the 9-5/8" x 5-1/2" anr annulus during the well stimu The cement remediation post Schlumberger completed a 0 requirements. | as pressure tested and in er 4, 2014, the Wilder Fed Julus was monitored. No p lation. fracture stimulation was c | ection was establishe eral AC 28 4H began ressure was observe completed per the App | d per the appro stimulation and d on the 9-5/8" x | throughout (5-1/2" uidelines. | | |
| | | | | | | |
| 14. I hereby certify that the foregoing i Commi Name(Printed/Typed) KRISTIN/ | #Electronic Submission For CONOCO tted to AFMSS for process | PHILLIPS COMPANY, ing by CHRISTOPHER | sent to the Hobb WALLS on 10/30/ | S | | |
| Signature (Electronic | Date | Date 10/27/2014 | | | | |
| | THIS SPACE FO | DR FEDERAL OR S | | EUSE | <u> </u> | |
| Approved By ACCEPT | | RISTOPHER W | | Date 10/30/2014 | | |
| Conditions of approval, if any, are attached certify that the applicant holds legal or eq which would entitle the applicant to cond | | Hobbs | f Se | 1 | | |
| Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent | U.S.C. Section 1212, make it a statements or representations as | crime for any person know to any matter within its ju | vingly and willfully risdiction. | to make to any department | or agency of the United | |
| ** BLM REV | ISED ** BLM REVISE | D ** BLM REVISED | ** BLM REVIS | SED ** BLM REVIS | ED ** | |
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| | | | | | NOY 0 5 2014 | |

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Additional data for EC transaction #274173 that would not fit on the form

32. Additional remarks, continued

The CBL with isolation scanner log conclusively indicated the top of cement to be approximately at 520 ft MD shown from the reduction in amplitude. Additionally, a good cement bond is also observed with a total vertical length of fully bonded annular casing by casing cement barrier of 1536' meeting the BLM requirement of cement tied back at least 500 feet into the previous casing string.

Therefore, we request an approval to proceed with the flowback of the well.