

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

Form C-104  
Revised August 1, 2011

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

|  |   |   |
|--|---|---|
| <sup>1</sup> Operator name and Address<br>CONOCOPHILLIPS COMPANY<br>P.O. BOX 2197, HOUSTON, TX 77252 |   | <sup>2</sup> OGRID Number<br>217817                 |
|  |   | <sup>3</sup> Reason for Filing Code/ Effective Date |
| <sup>4</sup> API Number<br>30 - 0-25-43384   | <sup>5</sup> Pool Name<br>ZIA HILLS; BONE SPRING    | <sup>6</sup> Pool Code<br>98009                     |
| <sup>7</sup> Property Code<br>320709   | <sup>8</sup> Property Name<br>ZIA HILLS 25E FEDERAL | <sup>9</sup> Well Number<br>402H                    |

II. <sup>10</sup> Surface Location

| U/I or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|----------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| B              | 25      | 28S      | 32E   |         | 283           | NORTH            | 2310          | EAST           | LEA    |

<sup>11</sup> Bottom Hole Location

| U/I or lot no.              | Section                                  | Township                          | Range                             | Lot Idn                            | Feet from the                       | North/South line | Feet from the | East/West line | County |
|-----------------------------|--|-----------------------------------|-----------------------------------|------------------------------------|-------------------------------------|------------------|---------------|----------------|--------|
| I                           | 38                                       | 28S                               | 32E                               |                                    | 50                                  | SOUTH            | 330           | EAST           | LEA    |
| <sup>12</sup> Lsc Code<br>F | <sup>13</sup> Producing Method Code<br>F | <sup>14</sup> Gas Connection Date | <sup>15</sup> C-129 Permit Number | <sup>16</sup> C-129 Effective Date | <sup>17</sup> C-129 Expiration Date |                  |               |                |        |

III. Oil and Gas Transporters

| <sup>18</sup> Transporter OGRID | <sup>19</sup> Transporter Name and Address | <sup>20</sup> O/G/W |
|---------------------------------|--|---------------------|
| 248440                          | WESTERN REFINING COMPANY, LP               | O                   |
| 174238                          | ENTERPRISE CRUDE OIL LLC                   | G                   |
|                                 |  |                     |
|                                 |  |                     |
|                                 |  |                     |

IV. Well Completion Data

| <sup>21</sup> Spud Date | <sup>22</sup> Ready Date           | <sup>23</sup> TD        | <sup>24</sup> PHTD           | <sup>25</sup> Perforations | <sup>26</sup> DHC, MC |
|-------------------------|------------------------------------|-------------------------|------------------------------|----------------------------|-----------------------|
| 7/1/18                  | 4/7/19                             | 17,845 MD/10658 TVD     | 17,259' MD                   | 17,033'-10,150'            | NA                    |
| <sup>27</sup> Hole Size | <sup>28</sup> Casing & Tubing Size | <sup>29</sup> Depth Set | <sup>30</sup> Sacks Cement   |                            |                       |
| 14.750"                 | 11.750"                            | 918'                    | 431 SXS-127 BBLS             |                            |                       |
| 10.625"                 | 8.625"                             | 4879'                   | 824 SXS-278 BBLS             |                            |                       |
| 7.875"                  | 5.5"                               | 17,281'                 | 1982 SXS-572 BBLS TOC @ 188' |                            |                       |

V. Well Test Data

| <sup>31</sup> Date New Oil  | <sup>32</sup> Gas Delivery Date | <sup>33</sup> Test Date | <sup>34</sup> Test Length  | <sup>35</sup> Tbg. Pressure | <sup>36</sup> Csg. Pressure |
|---|---------------------------------|-------------------------|--|-----------------------------|-----------------------------|
| 5/24/19   | 5/24/19                         | 6/4/19                  | 24HR   |                             |                             |
| <sup>37</sup> Choke Size  | <sup>38</sup> Oil               | <sup>39</sup> Water     | <sup>40</sup> Gas  |                             | <sup>41</sup> Test Method   |
|   | 180 BOPD                        | 1133 BWPD               | 700 MCF/PD   |                             |                             |
| <sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.<br>Signature: <i>Rhonda Rogers</i><br>Printed name: Rhonda Rogers<br>Title: Regulatory Coordinator<br>E-mail Address: rogers@conocophillips.com<br>Date: 8/27/2019 |                                 |                         | OIL CONSERVATION DIVISION<br>Approved by: <i>J. M. L.M.</i><br>Approval Date: 9/18/2019<br>Phone: 832-486-2737 |                             |                             |

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other<br>b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr.<br>Other _____ |  |  |  | 5. Lease Serial No.<br>NMLC069515  |  |
| 2. Name of Operator<br>CONOCOPHILLIPS COMPANY      Contact: RHONDA ROGERS<br>E-Mail: rogers@conocophillips.com   |  |  |  | 6. If Indian, Allottee or Tribe Name   |  |
| 3. Address    P. O. BOX 2197 SP2, 12W-155<br>HOUSTON, TX 77252      3a. Phone No. (include area code)<br>Ph: 832-486-2737  |  |  |  | 7. Unit or CA Agreement Name and No.   |  |
| 4. Location of Well (Report location clearly and in accordance with Federal requirements)*<br>At surface    NWNE 283FNL FEL<br>At top prod interval reported below    32.020239 N Lat, 103.624076 W Lon<br>Sec 36 T26S R32E Mer NMP<br>At total depth    Lot 1 50FSL 330FEL  |  |  |  | 8. Lease Name and Well No.<br>ZIA HILLS 25 FEDERAL COM 402H<br>9. API Well No.      30-025-43364   |  |
| 14. Date Spudded<br>07/01/2018      15. Date T.D. Reached<br>09/22/2018      16. Date Completed<br><input type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod.<br>04/07/2019  |  |  |  | 10. Field and Pool, or Exploratory<br>ZIA HILLS, BONE SPRING<br>11. Sec., T., R., M., or Block and Survey<br>or Area    Sec 25 T26S R32E Mer NMP<br>12. County or Parish    LEA      13. State<br>NM   |  |
| 18. Total Depth:    MD    17845<br>TVD      10658  |  | 19. Plug Back T.D.:    MD    17259<br>TVD      10658 |  | 20. Depth Bridge Plug Set:    MD<br>TVD  |  |
| 21. Type Electric & Other Mechanical Logs Run (Submit copy of each)  |  |  |  | 22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)<br>Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)<br>Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis) |  |

23. Casing and Liner Record (Report all strings set in well)

| Hole Size | Size/Grade  | Wt. (#/ft.) | Top (MD) | Bottom (MD) | Stage Cementer Depth | No. of Sk. & Type of Cement | Slurry Vol. (BBL) | Cement Top* | Amount Pulled |
|-----------|-------------|-------------|----------|-------------|----------------------|-----------------------------|-------------------|-------------|---------------|
| 14.750    | 11.750 J-55 | 47.0        | 0        | 918         |                      | 413                         | 127               | 0           |               |
| 10.625    | 8.625 P-110 | 32.0        | 0        | 4879        |                      | 824                         | 278               | 0           |               |
| 7.875     | 5.500 P-110 | 23.0        | 188      | 17261       |                      | 1982                        | 572               | 188         |               |
|           |             |             |          |             |                      |                             |                   |             |               |
|           |             |             |          |             |                      |                             |                   |             |               |
|           |             |             |          |             |                      |                             |                   |             |               |

24. Tubing Record

| Size | Depth Set (MD) | Packer Depth (MD) | Size | Depth Set (MD) | Packer Depth (MD) | Size | Depth Set (MD) | Packer Depth (MD) |
|------|----------------|-------------------|------|----------------|-------------------|------|----------------|-------------------|
|      |                |                   |      |                |                   |      |                |                   |

25. Producing Intervals

| Formation          | Top  | Bottom | Perforated Interval | Size | No. Holes | Perf. Status |
|--------------------|------|--------|---------------------|------|-----------|--------------|
| A) ZIA BONE SPRING | 8691 | 17269  | 10150 TO 17033      |      |           | PRODUCING    |
| B)                 |      |        |                     |      |           |              |
| C)                 |      |        |                     |      |           |              |
| D)                 |      |        |                     |      |           |              |

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

| Depth Interval | Amount and Type of Material                        |
|----------------|--|
| 10150 TO 17033 | ACIDIZE W/15% HCL FRAC W/19902283# TOTAL PROPPANTS |
|                |  |
|                |  |

28. Production - Interval A

| Date First Produced | Test Date            | Hours Tested | Test Production | Oil BBL | Gas MCF | Water BBL | Oil Gravity Corr. API | Gas Gravity | Production Method |
|---------------------|----------------------|--------------|-----------------|---------|---------|-----------|-----------------------|-------------|-------------------|
| 05/24/2019          | 06/04/2019           | 24           | →               | 190.0   | 700.0   | 1133.0    |                       |             |                   |
| Choke Size          | Tbg. Press. Flwg. SI | Csg. Press.  | 24 Hr. Rate     | Oil BBL | Gas MCF | Water BBL | Gas:Oil Ratio         | Well Status |                   |
|                     |                      |              | →               |         |         |           |                       |             |                   |

28a. Production - Interval B

| Date First Produced | Test Date            | Hours Tested | Test Production | Oil BBL | Gas MCF | Water BBL | Oil Gravity Corr. API | Gas Gravity | Production Method |
|---------------------|----------------------|--------------|-----------------|---------|---------|-----------|-----------------------|-------------|-------------------|
|                     |                      |              | →               |         |         |           |                       |             |                   |
| Choke Size          | Tbg. Press. Flwg. SI | Csg. Press.  | 24 Hr. Rate     | Oil BBL | Gas MCF | Water BBL | Gas:Oil Ratio         | Well Status |                   |
|                     |                      |              | →               |         |         |           |                       |             |                   |

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #480508 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

| 28b. Production - Interval C |                            |              |                      |         |         |           |                          |             |                   |
|------------------------------|----------------------------|--------------|----------------------|---------|---------|-----------|--------------------------|-------------|-------------------|
| Date First Produced          | Test Date                  | Hours Tested | Test Production<br>→ | Oil BBL | Gas MCF | Water BBL | Oil Gravity<br>Corr. API | Gas Gravity | Production Method |
| Choke Size                   | Tbg. Press.<br>Flwg.<br>SI | Csg. Press.  | 24 Hr. Rate<br>→     | Oil BBL | Gas MCF | Water BBL | Gas:Oil Ratio            | Well Status |                   |

| 28c. Production - Interval D |                            |              |                      |         |         |           |                          |             |                   |
|------------------------------|----------------------------|--------------|----------------------|---------|---------|-----------|--------------------------|-------------|-------------------|
| Date First Produced          | Test Date                  | Hours Tested | Test Production<br>→ | Oil BBL | Gas MCF | Water BBL | Oil Gravity<br>Corr. API | Gas Gravity | Production Method |
| Choke Size                   | Tbg. Press.<br>Flwg.<br>SI | Csg. Press.  | 24 Hr. Rate<br>→     | Oil BBL | Gas MCF | Water BBL | Gas:Oil Ratio            | Well Status |                   |

29. Disposition of Gas(Sold, used for fuel, vented, etc.)  
CAPTURED

30. Summary of Porous Zones (Include Aquifers):  
Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

| Formation             | Top  | Bottom | Descriptions, Contents, etc. | Name                  | Top         |
|-----------------------|------|--------|------------------------------|-----------------------|-------------|
|                       |      |        |                              |                       | Meas. Depth |
| RUSTLER               | 638  | 987    | DOLOMITE/ANHYDRITE           | RUSTLER               | 638         |
| TOP OF SALT/SALADO    | 937  | 4411   | SALT                         | TOP OF SALT/SALADO    | 937         |
| CASTILLE              | 4411 | 4634   | SALT                         | CASTILLE              | 4411        |
| DELAWARE BASE OF SALT | 4634 | 5717   | SANDSTONE                    | DELAWARE BASE OF SALT | 4634        |
| CHERRY CANYON         | 5717 | 7357   | SANDSTONE                    | CHERRY CANYON         | 5717        |
| BRUSHY CANYON         | 7357 | 8676   | SANDSTONE                    | BRUSHY CANYON         | 7357        |
| BONE SPRING           | 8676 | 9781   | SANDSTONE                    | BONE SPRING           | 8676        |
| BONE SPRING 1ST       | 9781 | 10593  | SANDSTONE                    | BONE SPRING 1ST       | 9781        |

32. Additional remarks (include plugging procedure):  
BONE SPRING 2ND TOP 10593' SANDSTONE

33. Circle enclosed attachments:

|   |                    |               |                       |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.)     | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis   | 7. Other:     |                       |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #480508 Verified by the BLM Well Information System.  
For CONOCOPHILLIPS COMPANY, sent to the Hobbs

Name (please print) RHONDA ROGERS Title REGULATORY COORDINATOR

Signature (Electronic Submission) Date 08/26/2019

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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***HOBBS OGD**  
SEP 03 2019  
**RECEIVED****SUBMIT IN TRIPLICATE - Other instructions on page 2**

|  |   |  |
|--|---|--|
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other |   | 5. Lease Serial No.<br>NMLC069515                                |
| 2. Name of Operator<br>CONOCOPHILLIPS COMPANY  |   | 6. If Indian, Allottee or Tribe Name                             |
| Contact: RHONDA ROGERS<br>E-Mail: rogerrr@conocophillips.com   |   | 7. If Unit or CA/Agreement, Name and/or No.                      |
| 3a. Address<br>P. O. BOX 51810<br>MIDLAND, TX 79710  | 3b. Phone No. (include area code)<br>Ph: 832-486-2737 | 8. Well Name and No.<br>ZIA HILLS 25 FEDERAL COM 402H            |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)   |   | 9. API Well No.<br>30-025-43364                                  |
|  |   | 10. Field and Pool or Exploratory Area<br>ZIA HILLS, BONE SPRING |
|  |   | 11. County or Parish, State<br>LEA COUNTY, NM                    |

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off                         |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity                         |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction     | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other<br>Hydraulic Fracture |
|   | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon     | <input type="checkbox"/> Temporarily Abandon       |   |
|   | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back            | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

2/15/19 PT prod csg to 1500#/30 mins ? test good.  
3/26/19 perf f/17574?-17349?. Acidize w/15% HCL. Frac w/110280# proppant & 659780# proppant.  
3/27/19 perf f/17330?-16619?. Acidize w/15% HCL. Frac w/660020# proppant & 660020# proppant & 660020# proppant.  
3/28/19 perf f/16600#- 16132?. Acidize w/15% HCL. Frac w/660360# proppant & 660360# proppant & 660140# proppant.  
3/29/19 perf f/16113?-15158?. Acidize w/15% HCL. Frac w/627040# proppant & 690220# proppant & 663040# proppant.  
4/1/19 perf f/14652?-14428?. Acidize w/15% HCL. Frac w/658803 proppant & 654060# proppant & 660740# proppant & 658400# proppant.  
4/2/19 perf f/14409?-13941?. Acidize w/15% HCL. Frac w/660720? proppant & 661980# proppant.  
4/3/19 perf f/13922?-13211?. Acidize w/15% HCL. Frac w/661980# proppant & 660120# proppant &

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #480511 verified by the BLM Well Information System  
For CONOCOPHILLIPS COMPANY, sent to the Hobbs**

|                                    |                              |
|------------------------------------|------------------------------|
| Name (Printed/Typed) RHONDA ROGERS | Title REGULATORY COORDINATOR |
| Signature (Electronic Submission)  | Date 08/26/2019              |

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

|   |             |              |
|---|-------------|--------------|
| Approved By _____   | Title _____ | Date _____   |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. |             | Office _____ |

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.

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

**Additional data for EC transaction #480511 that would not fit on the form**

**32. Additional remarks, continued**

656820# proppant.

4/4/19 perf f/13192?-12481?. Acidize w/15% HCL. Frac w/660180# proppant & 660080# proppant & 660080# proppant.

4/5/19 perf f/12461?-11507?. Acidize w/15% HCL. Frac w/660120# proppant & 660300# proppant & 659960# proppant & 660420# proppant.

4/6/19 perf f/11488?-10533?. Acidize w/15% HCL. Frac w/658100# proppant & 661340# proppant & 656800# proppant & 660000# proppant. Total proppants = 19902283#

This well is flowing.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**SUNDRY NOTICES AND REPORTS ON WELL**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

5. Lease Serial No.  
NMLC069515

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
ZIA HILLS 25 FEDERAL COM 402H

9. API Well No.  
30-025-43364

10. Field and Pool or Exploratory Area  
ZIA HILLS, BONE SPRING

11. County or Parish, State  
LEA COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
CONOCOPHILLIPS COMPANY  
Contact: RHONDA ROGERS  
E-Mail: rogersr@conocophillips.com

3a. Address  
P. O. BOX 51810  
MIDLAND, TX 79710

3b. Phone No. (include area code)  
Ph: 832-486-2737

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 25 T26S R32E Mer NMP NWNE 283FNL 1210FEL

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off   |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity   |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction     | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other |
|   | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon     | <input type="checkbox"/> Temporarily Abandon       | Production Start-up                       |
|   | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back            | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

CONOCOPHILLIPS COMPANY WOULD LIKE TO ACKNOWLEDGE THAT THIS WELL IS FIRST DELIVERED 5/24/19.  
190 BOPD  
1133 BWPD  
700 MCF/PD

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #480510 verified by the BLM Well Information System  
For CONOCOPHILLIPS COMPANY, sent to the Hobbs**

Name (Printed/Typed) RHONDA ROGERS

Title REGULATORY COORDINATOR

Signature (Electronic Submission)

Date 08/26/2019

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By \_\_\_\_\_

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

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.

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***