

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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

NOV 06 2013

RECEIVED

<b>SUBMIT IN TRIPLICATE - Other instructions on reverse side.</b>		5. Lease Serial No. NMLC057210
1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		6. If Indian, Allottee or Tribe Name
2. Name of Operator CONOCOPHILLIPS COMPANY		7. If Unit or CA/Agreement, Name and/or No.
Contact: RHONDA ROGERS E-Mail: rogerris@conocophillips.com		8. Well Name and No. MCA UNIT 480
3a. Address P. O. BOX 51810 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-688-9174	9. API Well No. 30-025-39766
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T17S R32E Mer NMP SWSE 1310FSL 1995FEL		10. Field and Pool, or Exploratory MALJAMAR; GR-SA
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK 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 checked="" type="checkbox"/> Fracture Treat	<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 type="checkbox"/> Other
	<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 recompletable 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletable in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

8/21/13 RIH w/bit & scrapper to 4091'. POOH w/bit & scrapper.  
8/23/13 RIH w/RBP & set @ 4100' & pkr @ 3800', test RBP - test good.  
Acidize all zones together w/6000 gals of acid & flow back.  
8/28/13 frac 3858-3932' w/33,250 gal 20# X-line w/49,000# 16/30 sand & 16,000# resin-coated 16/30 AV. Flow well back.  
9/5/13 POOH w/pkr & tag sand @ 3925' & wash to RBP & circ clean, release RBP & LD. 9/6/13 Tag sand @ 4017' & CO to PBD @ 4108'. RIH w/120 jts, 2 7/8", 6.5#, J-55 tbg & set @ 3816' & pkr @ 3817'.  
ConocoPhillips had set this well back to injection with inj pkr, but it flowed back a large quantity of oil. Flowing back now to see if it is economic as an oil producing well per the NOI aprvd 9/30/13 to conv to producing well. MIT will be ran if decision is made to conv back to injection well.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #222692 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs</b>	
Name (Printed/Typed) RHONDA ROGERS	Title STAFF REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 10/11/2013

**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.

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

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