HOBBS OCD

Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

JAN 08 2014

FORM APPROVED

 	OMB No. 1004-0137				
	Expires: October 31, 20				
5. Lease Serial No.					

•		ii a	RECEIVE	Ŋ NMLC031695/		
	OTICES AND REPO	ORTS ON WELLS o drill or to re-enter a		6. If Indian, Allottee o	r Tribe Name	
		PD) for such proposa				
SUBMI	TIN TRIPLICATE - Other	instructions on page 2.		7. If Unit of CA/Agree	ement, Name and/or No.	
1. Type of Well						
X Oil Well Gas W	/ell Other			8. Well Name and No. SEMU 134		
2. Name of Operator ConocoPhillips Company				9. API Well No. 30-025-34382		
3a, Address		3b. Phone No. (include area co	ode)	10. Field and Pool or I	Exploratory Area	
P. O. Box 51810 Midland T		(432)688-9174		North Hardy; T		
4. Location of Well (Footage, Sec., T. R. M., or Survey Description) UL L, 1650' FSL & 450' FWL, Sec 30, 20S, 38E			11. County or Parish,			
				Lea	NIVI	
12. CHEC	K THE APPROPRIATE BO	X(ES) TO INDICATE NATUR	E OF NOTIO	CE, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION		TY	YPE OF ACT	TON		_
Notice of Intent	Acidize	Deepen	Prod	uction (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Recla	amation	Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Reco	mplete ,	X Other Pool	_
<u>E.m.</u>	Change Plans	Plug and Abandon	Temp	porarily Abandon	Consolidation	_
Final Abandonment Notice	Convert to Injection	Plug Back	☐ Wate	er Disposal		
13. Describe Proposed or Completed Opthe proposal is to deepen directions. Attach the Bond under which the war following completion of the involved testing has been completed. Final determined that the site is ready for ConocoPhillips Company roughly Tubb-Drinkard (96356) poor Effective date of order #R-	ally or recomplete horizontal york will be performed or pro- ed operations. If the operation Abandonment Notices must be final inspection.) espectfully requests to bl will now be consolice.	ly, give subsurface locations and wide the Bond No. on file with lon results in a multiple completion filed only after all requirement o change pool code for dation pool SEMU; Bline	I measured an BLM/BIA. F on or recomp nts, including this well	nd true vertical depths of Required subsequent repoletion in a new interval reclamation, have been due to pool conso	of all pertinent markers and zones. Forts must be filed within 30 days The arrows a Form 3160-4 must be filed once a completed and the operator has colidation. North Hardy;	lf
	Γ TO LIKE AL BY STATE			APP! JA BUREAU CA	ROVED N 6 2014 OF LAND MANAGEMENT RISBAD FIELD OFFICE RISBAD FIELD OFFICE	

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Title Staff Regulatory Technician Rhonda Rogers Date 12/11/2013 Signature THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by litle 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.