SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals is diffined to re-entry an abardoned wells best form for proposals is diffined to re-entry an abardoned wells SUBMIT IN TRIPLICATE - Other instructions on reverse AGESS OCD 7. If Unit or CA/Agreement, Nume adder N 1. Type of Well OI Well Gas Well @ Other: INJECTION ALIG 1 & 2014 9. Well Science and Number 2015 1. Type of Well OI Well Gas Well @ Other: INJECTION ALIG 1 & 2014 9. Well Science and Number 2015 1. Type of Well OI Well Gas Well @ Other: INJECTION ALIG 1 & 2014 9. Well Science and Number 2015 1. Type of Well OI Well Gas Well @ Other: INJECTION ALIG 1 & 2014 9. Well Science and Number 2015 1. Type of Well OI Well I Gas Well @ Other: INJECTION ALIG 1 & 2014 9. Well Science and Number 2015 1. Type of Well OI Well I Gas Well @ Other: INJECTION ALIG 1 & 2014 9. Well Science and Number 2015 1. Type of Well OI Well I Gas Well @ Other: INJECTION ALIG 1 & 2014 9. Well Science and Number 2015 1. Type of Well OI Well I Gas Well @ Other: INJECTION ALIG 1 & 2014 9. Well Science and Number 2015 1. Type of Well OI Well I (Foung & Kr. T. K. M. or Survey Duscription) 1. Leading of Weil (Foung & Kr. T. K. M. or Survey Duscription) 1. Leading of Weil (Foung & Kr. T. K. M. or Survey Duscription) 1. Check APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 1. Check APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 1. Check Cherge and Partice Cherge an		UNITED STATES EPARTMENT OF THE I	NTERIOR	- OMB	M APPROVED NO. 1004-0135 s: July 31, 2010	
SUBMIT IN TRIPLICATE - Other instructions on reverse RUSS OCD       7. If Unit or CAAdgetment, Name under N         1. Type of Well          One of General Medication of the Caliform of Control of Market State Sta	BUREAU OF LAND MANAGEMENT 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.			5. Lease Serial No.	5. Lease Serial No. NMNM27508	
Comparing of Weil Gow will go the: INJECTION				6. If Indian, Allotted		
Image of gravestime       Connect:       HIG 18 2014       WILDER 32 DEERAL SWD 1         2. Names of gravestime       Connect:       HIONOD ROGERS       32-022-0500-0-51         3. Address       Image of gravestime       10. First and Pool, or Exploratory         MIDLAND, TX 73710       Image of gravestime       11. Causing or Parish, and Store         4. Locations of Weil (Provinge, Soc. 7, R. M., or Survey Description)       11. Causing or Parish, and Store         5. Subsequent Report       Image of gravestime       Previous (Causing Causing	SUBMIT IN TR	IPLICATE - Other instruc	ctions on reverse stoes O	CD 7. If Unit or CA/Ag	reement, Name and/or No	
2. Name of Operator CONOCOPY LLPS COMPANY E. L. Context: HHONDA POCEPTS CONOCOPY E. LABLE Reprint Context: HHONDA POCEPTS CONOCOPY E. LABLE REPRINT CONTENTS OF CONOCOPY IN CONTENTS OF C	1. Type of Well O Oil Well Gas Well Other: INJECTION ALIG 1 8 2014			2014 8. Well Name and N WILDER 29 FE		
MIDLAND, TX 79710       Ph: 432-688-9174       SVD         4. Location of Weil (Fontage, Sec. 7, R, M, or Survey Description)       II. Country or Parish, and State         Sec 29 726S R32E SENW 2010FNL 2560FWL       II. Country or Parish, and State         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Notice of Intent       Acticize       Deepen       Production (Start/Resume)       Water Shur-O         Subsequent Report       Chaing Repair       New Construction       Reclamation       Well Information         Subsequent Report       Chaing Repair       Plug and Abandon       Temporarily Abandon       Other         Final Abandonment Notice       Chaing Repair       Plug and Abandon       Water Disposal       Other         13. Describe Proposed to to Complete Actionally or recouplete Actionally or provide the Start Including estimated traiting due to approve and and expressing and approximate duration there on the site is exploid to while the foreigness ability for only provide the Start Including estimated traiting due to approve and the only above and approximate duration there only a for an ensyste the Box Start Including reclamation, have been completed, and the operator have determined that the site is exploid to a while the estimation of the site is exploid to a while the estimate that in an appretor).         13. Describe Proposed of the determined that the site start of the ona site is exploid to the while the foreindent traitis and apprecis	2. Name of Operator . Contact: RHONDA ROGERS		RHONDA ROGERS	9. API Well No.		
4. Location of Weil (Foutage, Sec., T, R, M, or Surrey Description)  Sec 29 T26S R32E SENW 2010FNL 2560FWL  11. County or Parish, and Suste LEA COUNTY, NM  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  14. Casing Repair  25. Subsequent Report  35. Convert to Injection  35. Program and Suste all performed Abandon  35. Subsequent Report  36. Convert to Injection  37. Program and Suste all performed data is inducing estimated stating date of any perports hald be find within 90 dys  36. Subsequent Report  37. Convert to Injection  38. Program and Suste  39. Subsequent Report  30. Subsequent Report  30. Subsequent Report  30. Subsequent Report  31. Convert to Injection  31. Describe Proposed or Completed Operation (Clearly state all performed data), inducing estimated stating date of any perposet and approximate duration there  39. Subsequent Report  30. Subsequent Report  31. Describe Proposed or Completed Clearly state all performed abuse fracted into and researce data into vertical deptis of all performed abuse fracted into and researce data into event and states  31. Describe Proposed or Completed Clearly state all performed abuse fracted into and researce data including reclamation, Subsect  32. Subsequent Report  33. Subsequent Report  34. Subsequent Report  34. Subsequent Report  35. Subsequent Report  35. Subsequent Report  35. Subsequent Report  35. Subsequent Report  36. Subsequent Report  37. Subsequent Report  36. Subsequent Report  37. Subsequent Report  37. Subsequent Report  38. Subsequent Report  39. Subsequent Report  30. S	Ph: 4		3b. Phone No. (include active Phi: 432-688-9174	Vo. (include area.code) 10. Field and Pool, or Exploratory S88-9174 SWD		
Sec 29 T265 R32E SENW 2010FNL 2560FWL  ILEA COUNTY, NM  I.C. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REFORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Actidity Actidity Construction  Con			 ;}	11. County or Parisl	11. County or Parish, and State	
TYPE OF SUBMISSION       TYPE OF ACTION         Notice of Intent       Acidize       Deepen       Production (Start/Resume)       Water Shuk-O         Subsequent Report       Casing Repair       New Construction       Recomplete       Other         In Abandonment Notice       Change Plans       Plug and Abandon       Temporarity Abandon       Other         13. Describe Proposed or Completed Operation (clearly arte all perinten dealls, including estimated durating due of any proposed work and approximate duration thereo       The proparaity Abandon         13. Describe Proposed or Completed Operation (clearly arte all perinten dealls, including estimated durating due of any proposed work and approximate duration thereo       The proparaity Abandon         14. Describe Proposed or Completed Operation (clearly arte all perinten duration thereo is a multiple constrometion and measured and true verical depits of an Individue operations. The operation results is a multiple constrometion and true verical depits of an Individue operation. New Deep completed on an operative operation is a multiple constrometion in an ev interval. A final billed with B Clied over other detarmines of a start result in a start result in a multiple constrometion in a start result in a result in a start result in a start result in a star	Sec 29 T26S R32E SENW 2010FNL 2560FWL		· ·		LEA COUNTY, NM	
Acidize	12. CHECK APP	ROPRIATE BOX(ES) T(	O INDICATE NATURE OF	NOTICE, REPORT, OR OTH	ER DATA	
Alter Casing       Casing Repair       New Construction       Reclamation       Well Integrity         Casing Repair       New Construction       Recomplete       Other         Final Abandonment Notice       Change Plans       Plug and Abandon       Temporarily Abandon         Interstein Report       Change Plans       Plug Back       Water Disposal         Interstein Report of Completed Operationally or complete horizontally give suburche locations and measured and true versical deprise of all pertinematics and statistics and back of all pertinered all pertinematic all statistics and back of all pe	TYPE OF SUBMISSION		ТҮРЕ О	F ACTION		
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Convert to Injection     Plug Back     Water Disposal      Convert to Injection     Plug Back     Water Disposal      Convert to Injection     Plug Back     Water Disposal      Convert to Injection     Convert     C	🛛 Subsequent Report		-	-		
13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereo If the proposal is to deepen directionally or recomplete horizontally, give auburface locations and measured and true vertical depths of all pertinent markers and zones If the proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereo If the proposed or Completed Operation (clearly state all pertinent details, including estimated at the advector in a measured and true vertical depths of all pertinent markers and zones determined that the site is ready for final inspection.) Setting has been completed. Final Abadomman Notices and the operator has determined that the site is ready for final inspection.) ConcocOPhillips went out & performed a MIT witnessed by the OCD on 5/6/14. Run MIT to 320#/32 mins - test good. Attached is the chart.  14. Thereby certify that the foregoing is true and correct. Electronic Submission #248457 verified by the BLM Well Information System For CONOCOPHILIPS ColMPANY, sent to the Hobbs Committed to AFMSS for processing by CATHY QUEEN on 66/12/2014 (13MS1972SE) Name(Printed/Typed) RHONDA ROGERS Title STAFF REGULATORY TECHNICIAN Signature (Electronic Submission) Date 06/05/20 BCCEPTED FOR RECORD THIS SPACE FOR FEDERAL OR STATE OFFICE_USE Approved By	Final Abandonment Notice					
Electronic Submission #248457 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs Committed to AFMSS for processing by CATHY QUEEN on 06/12/2014 (13KMS1972SE)         Name(Printed/Typed)       RHONDA ROGERS       Title       STAFF REGULATORY TECHNICIAN         Signature       (Electronic Submission)       Date       06/05/2014 (13KMS1972SE)         THIS SPACE FOR FEDERAL OR STATE       OFFICE USE         Approved By       Title       AUG 12 2014       Date         Conditions of approval, if any, are attached. Approval of this notice does not warrant or rentify that the applicant holds legal or equitable tile to those rights in the subject lease which would entitle the applicant to conduct operations thereon.       Office       Muguuture         Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfull bet make to any department of careful States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction       Will full bet make to any department of CARE ISBAD FIELD OFFICE         ** BLM REVISED **	Run MIT to 320#/32 mins - te	st good. Attached is the c	יש מופ סכט סח 5/6/14. hart.			
For CONOCOPHILLIPS COMPANY, sent to the Hobbs Committed to AFMSS for processing by CATHY QUEEN on 06/12/2014 (13KMS1972SE)         Name(Printed/Typed)       RHONDA ROGERS       Title       STAFF REGULATORY TECHNICIAN         Signature       (Electronic Submission)       Date       06/05/20 PCCEPTED FOR RECORD         This SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By_       Title       AUG       12       2014       Date         Conditions of approval, if any, are attached. Approval of this notice does not warrant or eritify that the applicant holds legal or equitable tille to those rights in the subject lease which would entitle the applicant to conduct operations thereon.       Office       Muture Will of	14. I hereby certify that the foregoing is					
Signature       (Electronic Submission)       Date       06/05/20 th CCEPTED FOR RECORD         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By	Co	For CONOCO	PHILLIPS COMPANY. sent to 1	the Hobbs	·	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By	Name(Printed/Typed) RHONDA	ROGERS	Title STAFF	REGULATORY TECHNICIAN		
Approved By	Signature (Electronic	Submission)	Date 06/05/2	◎ <sup></sup> <sup>®</sup> CCEPTED FOR F	FCORD	
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	Conditions of approval, if any, are attache ertify that the applicant holds legal or equivalent would entitle the applicant to condu- vhich would entitle the applicant to the total	uitable title to those rights in the uct operations thereon. U.S.C. Section 1212, make it a	crime for any person knowingly an	I WILLF BURGANE UF ALANDAMAN CARLSBAD FIELD O	FICE	

