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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	
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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.		
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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					
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THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By	Name(Printed/Typed) RHONDA	ROGERS	Title STAFF	REGULATORY TECHNICIAN		
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