

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

SEP 02 2014

RECEIVED

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: UNKNOWN OTH		5. Lease Serial No. NMLC068281B
2. Name of Operator CONOCOPHILLIPS Contact: ASHLEY BERGEN E-Mail: ashley.bergen@conocophillips.com		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 51810 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-688-6938	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		8. Well Name and No. BUCK FEDERAL CTB 1
		9. API Well No.
		10. Field and Pool, or Exploratory AVALON
		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 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 checked="" type="checkbox"/> Other	
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Venting and/or Flaring	
	<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.)

ConocoPhillips request to vent/flare this CTB from 8/13/14 thru 11/13/14. Vent/flare 60 mcfpd.

Attached is well list.

OCD Conditions of Approval
Accepted for **RECORD ONLY**. All Federal
forms require **BLM APPROVAL**.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #256485 verified by the BLM Well Information System For CONOCOPHILLIPS, sent to the Hobbs	
Name (Printed/Typed) ASHLEY BERGEN	Title STAFF REGULATORY TECH
Signature (Electronic Submission)	Date 08/11/2014

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 ****

msb/OCD 9/3/2014

SEP 04 2014

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

State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCD

SEP 02 2014

NFO Permit RECEIVED

Form C-129
Revised August 1, 2011

Submit one copy to appropriate
District Office

(For Division Use Only)

APPLICATION FOR EXCEPTION TO NO-FLARE RULE 19.15.18.12

(See Rule 19.15.18.12 NMAC and Rule 19.15.7.37 NMAC)

A. Applicant ConocoPhillips Company,
whose address is P.O. Box 51810 Midland, TX 79710,
hereby requests an exception to Rule 19.15.18.12 for _____ days or until
November 13, Yr 2014, for the following described tank battery (or LACT):

Name of Lease Buck Federal Central Tank Battery Name of Pool Avalon

Location of Battery: Unit Letter _____ Section _____ Township _____ Range _____

Number of wells producing into battery 10

B. Based upon oil production of _____ barrels per day, the estimated * volume
of gas to be flared is 60 MCF; Value _____ per day.

C. Name and location of nearest gas gathering facility:

D. Distance _____ Estimated cost of connection _____

E. This exception is requested for the following reasons:

ConocoPhillips request to vent/flare this CTB from August 13, 2014* thru November 13, 2014. Vent/flare
up to 60 mcf/d. See Attachment well list

OPERATOR

I hereby certify that the rules and regulations 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.

Signature Ashley Bergen

Printed Name
& Title Ashley Bergen Staff Regulatory Technician

E-mail Address ashley.bergen@cop.com

Date 08/11/2014 Telephone No. (432)688-6938

OIL CONSERVATION DIVISION

Approved Until _____

By _____

Title _____

Date 9/3/2014
msb

* Gas-Oil ratio test may be required to verify estimated gas volume.

Buck Federal CTB 1

Wells	API#
Buck 20 Federal 1H	30-025-40432
Buck 20 Federal 2H	30-025-40483
Buck 20 Federal 3H	30-025-40503
Buck 20 Federal 5H	30-025-40539
Buck 20 Federal 6H	30-025-40902
Buck 17 Federal 1H	30-025-40281
Buck 17 Federal 2H	30-025-40401
Buck 17 Federal 3H	30-025-40900
Buck 17 Federal 5H	30-025-40840
Buck 17 Federal 6H	30-025-40901
