UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED OMB NO. 1004-0135

Expires: July 31, 2010 5. Lease Serial No.

	S AND REPORTS ON WELLS
Do not use this form fo	r proposals to drill or to re-enter an

NMNM080258 6. If Indian, Allottee or Tribe Name

abandoned well. Use form 3160-3 (APD) for such proposals.				o. If Indian, Another of The Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well ☑ Oil Well ☐ Gas Well ☐ Other				8. Well Name and No. GARNET FEDERAL 1		
Name of Operator Contact: SUSAN B MAUNDER CONOCOPHILLIPS COMPANY E-Mail: Susan.B.Maunder@conocophillips.com				9. API Well No. 30-025-41922		
		h: 281-206-5281	BBS OCD	10. Field and Pool, or Exploratory MALJAMAR; YESO WEST		
4. Location of Well (Footage, Sec., T	C., R., M., or Survey Description)		0045	11. County or Parish,	and State	
Sec 15 T17S R32E Mer NMP	SESE 685FSL 140FEL	DEC	2 1 2015	LEA COUNTY,	NM	
12. CHECK APPI	ROPRIATE BOX(ES) TO IN	DICATE NATURE OF	NOTICE, RE	EPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	7-7-3	TYPE OF ACTION				
= N-4	Acidize	□ Deepen	☐ Producti	on (Start/Resume)	☐ Water Shut-Off	
□ Notice of Intent	☐ Alter Casing	☐ Fracture Treat	Reclama	ation	☐ Well Integrity	
Subsequent Report ■	☐ Casing Repair	■ New Construction	Recomp	lete	Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon	☐ Tempora	arily Abandon	R. St. Sand	
	Convert to Injection	☐ Plug Back	☐ Water Disposal			
Work was conducted in according to soil was spread, flipped a	dance with the approved plan and re-contoured as needed.	for this well. Excess cali	che was remo	oved.		
Interim reclamation activities v	vere completed 4/8/15		· copie	d for Record Purposes.		
month residing for delivines i	Approva	al Subject to Onsite Inspection				
			If BLM O	bjectives are	not achieved,	
		nal work may be required.				
			Date:	12-12-1	J	
				e: f. am		
14. I hereby certify that the foregoing is	Electronic Submission #302	146 verified by the BLM We LLIPS COMPANY, sent to	ell Information	//		
	Committed to AFMSS for p			2015 ()		
Name(Printed/Typed) SUSAN B	Title SENIO	Title SENIOR REGULATORY SPECIALIST				
Signature (Electronic S	Submission)	Date 05/19/2	2015			
organismo (Escendista		FEDERAL OR STATE		SE	7 2 Av. C. 1948	
Mala Providence					12 (125.00.20)	
Approved By	Title	Title Date				
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent to conduct the applicant to conduct the conduction of the		Office				
Fitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent				ke to any department or	agency of the United	

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

Accepted for Record Only
MUSB JOCA 12/21/2015

