Form 3160-5

OCD-ARTHUA
OCD MINITEDIA

FORM APPROVED

(August 2007)  DEPARTMENT OF THE INTERIOR 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.  SUBMIT IN TRIPLICATE - Other instructions on reverse side.						OMB NO. 1004-0135 Expires: July 31, 2010  5. Lease Serial No. NMNM130738  6. If Indian, Allottee or Tribe Name  7. If Unit or CA/Agreement, Name and/or No.		
						NMNM134716		
1. Type of Well ☐ Gas Well ☐ Other						8. Well Name and No. WILDER FEDERAL AC 28 4H		
2. Name of Operator CONOCOPHILLIPS COMPANY  Contact: ASHLEY BERGEN E-Mail: ashley.bergen@conocophillips.com						9. API Well No. 30-025-40502-00-S1		
3a. Address 3b. Phone No. (include area code) Ph: 432-688-6983						10. Field and Pool, or Exploratory JENNINGS		
MIDLAND, TX 79710								
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  RECEIVE						11. County or Parish, and State		
Sec 28 T26S R32E NWNW 330FNL 330FWL 32.011184 N Lat, 103.411515 W Lon						LEA COUNTY, NM		
	12. CHECK APPI	ROPRIATE BOX(ES) TO	) INDICAT	E NATURE OF	NOTICE, R	EPORT, OR OTHE	R DATA	
TYPE OF S	SUBMISSION	TYPE OF ACTION						
☐ Notice of	Intent	☐ Acidize	□ De	eepen	☐ Produc	tion (Start/Resume)	■ Water Shut-Off	
		☐ Alter Casing	_	acture Treat	☐ Reclam		■ Well Integrity	
<ul><li>☑ Subsequent Report</li><li>☐ Final Abandonment Notice</li></ul>		Casing Repair	_	ew Construction	Recom		Other Site Facility Diagra	
		☐ Change Plans ☐ Convert to Injection				rarily Abandon	Moandon m/Security Plan	
following com testing has bee determined that ConocoPhil	npletion of the involved en completed. Final Al at the site is ready for f	rk will be performed or provided operations. If the operation rebandonment Notices shall be fil inal inspection.)  Ibmits the Site Facility Dia require ments	sults in a mult ed only after a agram. Plea	iple completion or rec Il requirements, includes se see the attachi	ompletion in a ding reclamation ment.	new interval, a Form 316	0-4 shall be filed once	
14. I hereby certify that the foregoing is true and correct.  Electronic Submission #327614 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 01/11/2016 (16PP0096SE)  Name (Printed/Typed) ASHLEY BERGEN  Title STAFF REGULATORY TECH								
Signature	(Electronic	Submission)		Date 01/04/2	2016			
		THIS SPACE FO	OR FEDER	AL OR STATE	OFFICE U	SE		
Approved By Conditions of approved	oval, if any, are attached	d. Approval of this notice does	not warrant o	r	P5		1/19/16 Date 19/16	
certify that the app	Office C	FO		2				

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.

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

