

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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: INJECTION ✓		5. Lease Serial No. NMLC058699
2. Name of Operator CONOCOPHILLIPS COMPANY ✓ Contact: RHONDA ROGERS E-Mail: rogersr@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: 432-688-9174	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 26 T17S R32E Mer NMP NWSW 1980FSL 560FWL ✓		8. Well Name and No. MCA UNIT 273 ✓
		9. API Well No. 30-025-23730 ✓
		10. Field and Pool, or Exploratory MALJAMAR
		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 checked="" 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 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	
	<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 Company experienced failed Bradenhead test. Attached are the procedures to repair. Attached is a current/proposed wellbore schematic

14. I hereby certify that the foregoing is true and correct. Electronic Submission #333765 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs		BS
Name (Printed/Typed) RHONDA ROGERS	Title STAFF REGULATORY TECHNICIAN	
Signature (Electronic Submission)	Date 03/15/2016	

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 ******FOR RECORD ONLY**

BS 3/29/16 OGD

MAR 30 2016

MCA UNIT 273
API #30-025-23730
ISOLATE LEAK & RETURE TO INJECTION

Project Scope

Objective and Overview: Isolate leak and return to injection.

Perforations

Type	Formation	Top	Bottom
Perforations	Grayburg San Andres	4040'	4246'
TD		4188'	

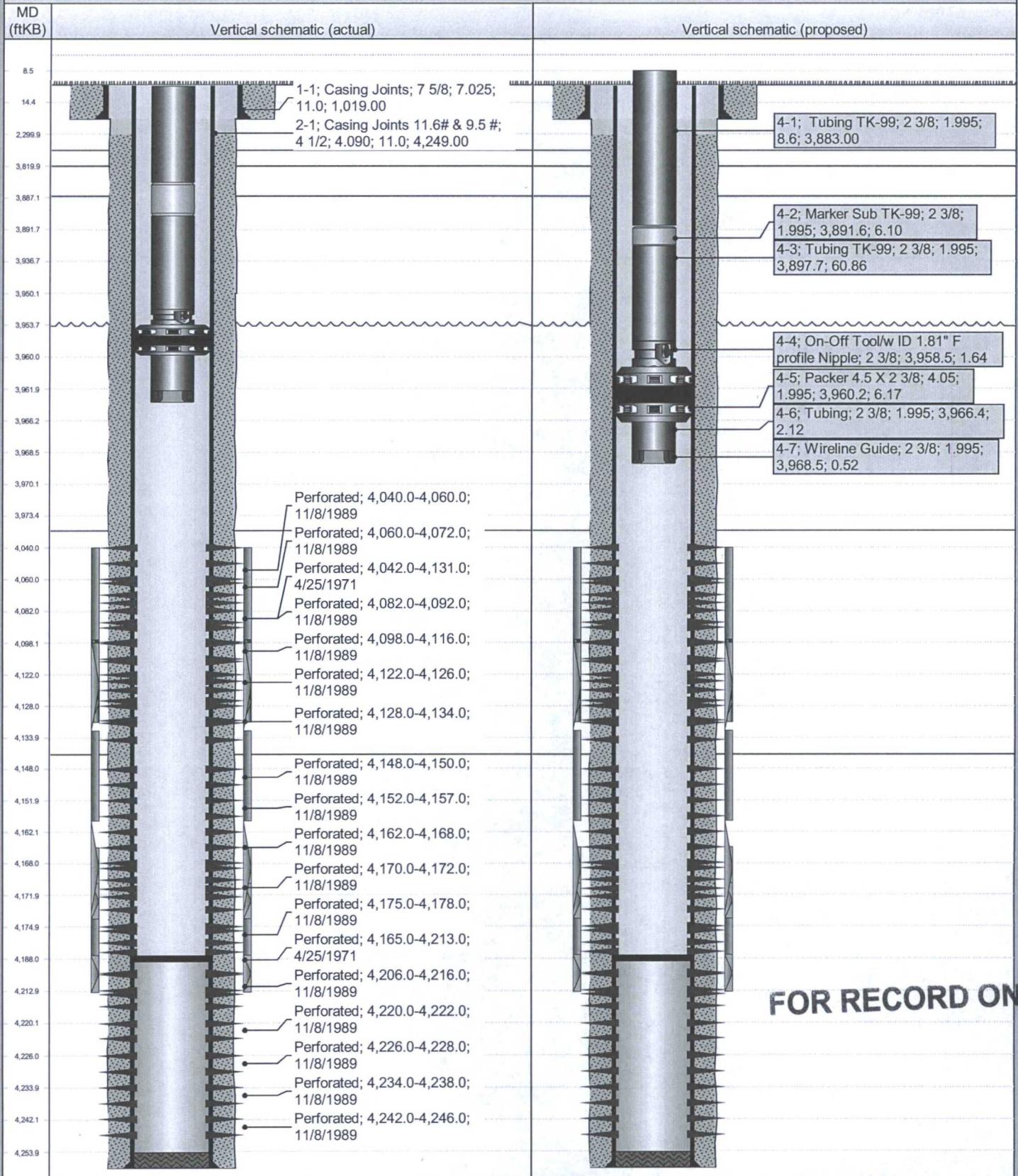
Well Service Procedure:

1. Verify the anchors have been tested prior to RU on well.
2. Review JSA prior to RU on well.
3. MI WSU RU. NDWH, NUBOP
4. Release packer
5. TOOH standing tubing, on/off tool and packer. (on the last pull on 7/30/2015 the on/off tool was damaged, please inspect on/off tool thoroughly)
6. Identify and replace any bad tubing.
7. RIH with the following: **NOTE: shop test packer-plug combination to 3000 psi**
 - 3965' of 2 3/8" IPC tubing (**test tubing to 5000 psi below the slips RIH**)
 - 1 – 2 3/8 on/off tool Nickel platter with 1.81" F-nipple with no go.
 - 1 – 2 3/8 X 4.5" Nipple Plated packer
 - 1 – 2 3/8 X 4' tubing sub.
 - 1 – 2 3/8 wireline guided (1.995")Land and set bottom of packer assembly @ 3969'.
8. Monitor well bore pressure for 30 mins to confirm plug/packer are holding.
9. Circulate packer fluid to surface (3969' X .0108 = 42.83bbbls. total).
10. Latch onto on/off tool. RU pump truck to casing and pressure test casing/packer to 550 psi.
11. If casing/packer test passes, RU chart recorder with 1000 psi chart and pressure test casing/packer to 550 psi for 35 mins.
12. Note: need to notify the OCD and BLM of the impending test.
13. Run in hole with wireline and retrieve plug and handover well
14. RD. Clean up location.

FOR RECORD ONLY

District PERMIAN CONVENTIONAL	Field Name MALJAMAR	API / UWI 300252373000	County LEA	State/Province NEW MEXICO
Original Spud Date 4/1/1971	Surface Legal Location Sec. 26, T-17S, R-32E	E/W Dist (ft) 560.00	E/W Ref W	N/S Dist (ft) 1,980.00 N/S Ref S

VERTICAL - Main Hole, 3/14/2016 10:10:24 AM



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