

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOC D  
Hobbs

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**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 page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC029405B
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 18 T17S R32E Mer NMP NESW 1330FSL 1705FWL		8. Well Name and No. RUBY FEDERAL CTB NA
		9. API Well No.
		10. Field and Pool or Exploratory Area MALJAMAR
		11. County or Parish, State LEA COUNTY, NM

**12. CHECK THE 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"/> Hydraulic Fracturing	<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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must 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 would like to report the actual flare event on this facility. 4/24/17 THRU 4/28/17

METER #06025025

Month	Start Date	End Date	Total MCF	Flaring Reason
April	4/24/17 7:00am	4/28/17 11:00pm	1996	Third party down time

25-41008-

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #399860 verified by the BLM Well Information System</b> <b>For CONOCOPHILLIPS COMPANY, sent to the Hobbs</b> <b>Committed to AFMSS for processing by JENNIFER SANCHEZ on 01/08/2018 ()</b>	
Name (Printed/Typed) RHONDA ROGERS	Title STAFF REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 01/08/2018

**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.

(Instructions on page 2)

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

Accepted for Record Only  
MJB/ocd 2/19/2018

Ruby S18 CTB wells

Well name & number	API#
Ruby Federal 12 ✓	30-025-41008
Ruby Federal 22 ✓	30-025-41016
Ruby Federal 23 ✓	30-025-41196
Ruby Federal 24 ✓	30-025-41205
Ruby Federal 31 ✓	30-025-41504
Ruby Federal 32 ✓	30-025-41207
Ruby Federal 33 ✓	30-025-41505
Ruby Federal 34 ✓	30-025-41506
Ruby Federal 35 ✓	30-025-41197
Ruby Federal 36 ✓	30-025-41206
Ruby Federal 46 ✓	30-025-41508
Ruby Federal 47 ✓	30-025-41653
Ruby Federal 48 ✓	30-025-41209