Form 3160-5 (September 2001) 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.				OM Expire	FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004 5. Lease Serial No. LC 029405B 6. If Indian, Allottee or Tribe Name	
				the second second sector where the second sector was		
abandoned w	ell. Use Form 3160-3 (APD)	for such propos	ia/s.			
SUBNIT IN TRIPLICATE - Other instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well Gas Well Other Injection Well				8920003410	8920003410 8. Well Name and No.	
2. Name of Operator					·	
ConocoPhillips Co.				9. API Well No.	MCA Unit # 291	
3a. Address	3b. Phone No. (include area code)		30-025-23836			
				10. Field and Pool, or Exploratory Area		
P.O. Box 180, Maljamar, NM 8	505.676.5569			Maljamar GB/SA		
4. Location of Well (Footage, Sec., T, R., M., or Survey Description) 1345' FSL & 1295' FWL, Sec. 19, T 17S, R 32E, L				11. County or Par		
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	en e	· · · · · ·	an gina garan a	Lea Co., NM		
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE	REPORT. OR OT	HER DATA	
I YPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION					
Notice of Intent	Acidize	Deepen Fracture Treat	Production (		Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair	New Construction			Other	
	Change Plans	Plug and Abando				
Final Abandonment Notice	Convert to Injection	Plug Back	Bager Dispo	sal 💊 🖓		
following completion of the inv	approval of Temporary Abando The State has approved the Mi 4 at the Buckeye, NM meeting,	esults in a multiple co illed only after all req nment status for the IT until 05/30/06. we plan to retain th proved MIT expire	mpletion or recompleti uirements, including re- le above referenced we is wellbore for evalue s.	on in a first interval, a F clamation, have been co ell. A valid MIT was t	orm 3160-4 shall be filed once ompleted, and the operator has run on 05/11/01 and is active, or P & A. This	
14. 1 hereby certify that the foregoin Name (Printed!Typed)	g is true and correct		and the second secon			
Kenneth N. Andersen Title SH			HEaR Specialist			
Signature Kenne	An. ander	Date	5/07/04			
	THIS SPACE FO	the second s	STATE OFFICE U	SE .		
Approved by (Signature).	SGD.) DAVID F. GLAS	3S	Name (Printed/Typed)	Title		
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	Office		Date JUN 2 1 2004			
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious or fraudule	le 43 U.S.C. Section 1212, make it	a crime for any perso	on knowingly and willfu s jurisdiction.	ally to make to any depar	tment or agency of the United	
(Continued on next page) GWW		<u> </u>				