

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.5. Lease Serial No.
NMLC062749B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
ZIA HILLS 19 FEDERAL COM 111H2. Name of Operator
CONOCOPHILLIPS COMPANYContact: RHONDA ROGERS
E-Mail: rogerr@conocophillips.com9. API Well No.
30-025-442383a. Address
P. O. BOX 2197 SP2, 12W-155
HOUSTON, TX 772523b. Phone No. (include area code)
Ph: 832-486-273710. Field and Pool or Exploratory Area
WOLFCAMP

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 19 T26S R32E Mer NMP SENW 2498FNL 1666FWL
32.028664 N Lat, 103.717667 W Lon

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	Hydraulic Fracture	
	<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.

11/9/19 RIH PERF F/21775?-21706?

11/11/19 RIH PERF F/21368?-21292? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS = 1211120#

11/12/19 RIH PERF F/21280?-21090? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =549780#

11/13/19 RIH PERF F/21073?-20674? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =1099630#

11/14/19 RIH PERF F/20661?-19849? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =2201110#

11/15/19 RIH PERF F/19835?-19234? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =1650240#

11/16/19 RIH PERF F/19216?-18405? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =2199840#

11/17/19 RIH PERF F/18393?-17785? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =1649040#

11/18/19 RIH PERF F/17772?-16960? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =2200000#

11/19/19 RIH PERF F/16946?-16341? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =1651620#

11/20/19 RIH PERF F/16327?-15515? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =2200720#

11/21/19 RIH PERF F/15502?-14690? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =2204360#

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #508577 verified by the BLM Well Information System
For CONOCOPHILLIPS COMPANY, sent to the Hobbs**

Name (Printed/Typed) RHONDA ROGERS

Title REGULATORY COORDINATOR

Signature (Electronic Submission)

Date 03/26/2020

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 ****

Additional data for EC transaction #508577 that would not fit on the form

32. Additional remarks, continued

11/22/19 RIH PERF F/14676?-13865? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =2201840#
11/23/19 RIH PERF F/13851?-13039? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =2200960#
11/24/19 RIH PERF F/13025?-12214? ACIDIZE W/15% HCL, FRAC TOTAL PROPPANTS =2203160#
11/24/19 NUWH RDMO