DBBS OCD						
Form 3160-5 (September 2000) C UNITED STATES OCD Hobbs DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT DECEVED SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an			OR		FORM APPROVED OM B No. 1004-0135 Expires: January 31, 2004	
			5. Lease Seria			
SUNED SUNDRY N	NOTICES AND REP	ORTS ON WE	LLS	LC 0634		
RECENT Do not use this abandoned well	s form for proposals to I. Use Form 3160-3 (A	o drill or to re-e PD) for such pro	enter an oposals.	6. If Indian	Allottee or Tribe Name	
	LICATE- Other instru	uctions on rever	se side.	_	CA/Agreement, Name and/or No.	
1. Type of Well Gas Well Gas Well Other Tryection 2. Name of Operator ConocoPhillips Company				8. Well Name and No Blacks, Teach I Warren Unit #75 9. API Well No.		
						3a. Address
4001 Penbrook, Odessa, Texas 79762 4. Location of Well <i>(Footage, Sec., T., R., M., or Survey Description)</i>		10. Field and Pool, or Exploratory Area Warren Blinebry Tubb				
Section 🚳, T 20 S, R 38 E			11. County or Parish, State			
Section @, T 20 S, R 38 E Unit K 34			······		Lea, NM	
12. CHECK APP	ROPRIATE BOX(ES) TO I	NDICATE NATUR	E OF NOTICE, R	EPORT, OR	OTHER DATA	
TYPE OF SUBMISSION		TŸF	E OF ACTION			
Notice of Intent	Acidize	Deepen Fracture Treat	Production (Sta	art/Resume)	Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete		Other line replacement	
	Change Plans	Plug and Abandon	Temporarily Al	bandon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
following completion of the involv testing has been completed. Final determined that the site is ready for From the waterflood header 2" 2500# Fiberspar. Bob Mc	Abandonment Notices shall be fil r tinal inspection.) in section 33 to the WU #75	led only after all requirent well, COPC intends to	nents, including reclam	ation, have been	completed; and the operator has n line with ~4,200 feet of buried	
14. Thereby certify that the foregoi Name (Printed/Typed)	ng is true and correct		<u></u>			
 14. Thereby certify that the foregoi Name (Printed/Typed) Mikela Bryant 	ng is true and correct	Title P T	RRC Agent			
Mikela Bryant	ng is true and correct	Title PT Date		1/19/2012		
Name (Printed/Typed) Mikela Bryant Signature M. J. Ma B.	uput	Date	1			
Name (Printed/Typed) Mikela Bryant Signature M. J. Ma B.	MANT THIS SPACE FOR FI	Date		USE	DEC 1 4 2012	

(Instructions on page 2)

* •

