			HOBBS	ocd			
BU SUNDRY Do not use this	UNITED STATES PARTMENT OF THE INT REAU OF LAND MANAG NOTICES AND REPOR	JEMENT TS ON WELLS drill or to re-enter an	RECER 6. If In	se Serial No.	FORM APPR( OMB No. 100 Expires: Ociobe c or Tribe Name	94-0137 er 31, 2014	
······································	Use Form 3160-3 (APD			nit of CA/A	reement Name	aud/or No	
SUBMIT IN TRIPLICATE – Other instructions on page 2. 1. Type of Well				7. If Unit of CA/Agreement, Name and/or No. NM 70987A			
Oit Well Gas Well X Other			8. Wel	8. Well Name and No. MCA 189			
2. Name of Operator ConocoPhillips Company	· · · · · · · · · · · · · · · · · · ·		9. API	Well No. 025-007(			<u>`</u>
3a. Address		Phone No. (include area co			or Exploratory A	Лгса	
P.O. Box 51810 Midland		(432)688-6916			ayburg-Sar	Andres	
<ol> <li>Location of Well/Foolage, Sec., 1 UL J, 1980' FSL &amp; 1980'</li> </ol>	T. R. M., or Survey Description) FEL, SEC 26, 17S, 32E			unty or Paris	sh, State	, NINA	
12 (11)	ECK THE APPROPRIATE BOX(I					NM	<u></u>
TYPE OF SUBMISSION			PE OF ACTION				
(mm)	Acidize	Deepen	Production (	Starl/Resume	) Wate	er Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well	Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Othe	REPORT N	<u>11</u> T
Final Abandonment Notice	Change Plans	Plug and Abandon Plug Back	Gemporarily		-	<u></u>	
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