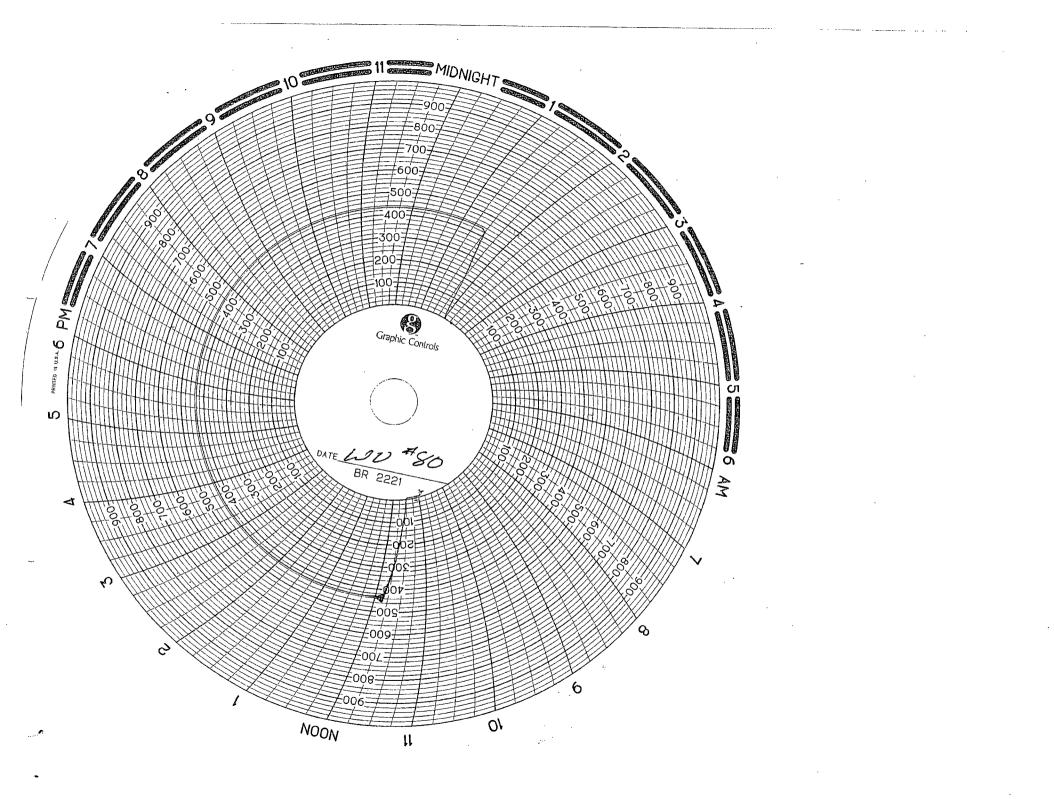
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2 Name of Operator CONOCOMPANY E-Mail: rogers@geoncompilings.com 9. API within 9. API	5.						
3300 N.Y. ST BLOG 6       Pr. 432.688-0171       WARREN         4. Location of Well (*fonege, Sec. T. R. M. or Survey Description)       I. County or Parish, and State       LeA COUNTY, NM         3. Sec. 33 T2OS R38E SVME 1980FNL 1980FEL       II. County or Parish, and State       LeA COUNTY, NM         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       IVPE OF ACTION         II. Outie of Intent       Acidize       Decepter       Production (Start/Resume)       Water Shat-O         Subsequent Report       Casing Repair       Deve You Submission       Water Shat-O       Reclamation       Well Integratiy         Subsequent Report       Casing Repair       Drive Now Construction       Recomplete       Other         I. Subsequent Report       Conseq Phans       Drig Back       Water Disposal       Other         Subsequent Report       Conseq Phans       Drig Back       Water Disposal       Other         I. Subsequent Report       Conseq Phans       Drive of Actions and measured and true service and processmate duration there and a consective and processmate duration there and consective and processmate duration and true actions and measured and true service and processmate duration and true actions and measured and true service and consective	2. Name of Operator	Contact:					00-S1
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Sec 33 T2OS R38E SWNE 1980FNL 1980FL       LEA COUNTY, NM         1. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       Image: Check appropriate Box(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       Image: Check appropriate Box(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         Image: Check appropriate Box(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       Image: Check appropriate Box(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         Image: Check appropriate Box(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       Image: Check appropriate Box(ES) TABLE Appropriate Box(E		. R., M., or Survey Description		-0019		11. County or Parish.	and State
TYPE OF SUBMISSION       TYPE OF ACTION         Image: Subsequent Report       Avidize       Deepen       Production (Start/Resume)       Water Shut-Of         Subsequent Report       Change Plans       Practure Treat       Reclamation       Well Integrity         Final Abandonment Notice       Change Plans       Plug and Abandon       Recomplete       Other         -       Change Plans       Plug and Abandon       Recomplete       Other         -       Change Plans       Plug and Abandon       Temporally Abandon       Import Complete       Other         -       Change Plans       Plug and Abandon and tree ortical deptite of an adaption of the ortical deptite of the or							
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Alter Casing Repair Casing Re	TYPE OF SUBMISSION	SUBMISSION			F ACTION		
Alter Casing   Fracture Treat   Reclamation   Recomplete   Other     Casing Repair   New Construction   Recomplete   Other     Casing Repair   New Construction   Recomplete   Other     Casing Plans   Plug and Abandon     Convert to Injection   Plug Back   Water Disposal     Convert to Injection   Plug Back   Pl	Notice of Intent     Acidize		Deepen		□ Production (Start/Resume)		U Water Shut-Of
Conserve Proposed or Completed Operation (clearly state all pertinent details, including estimated stating date of any proposed work and approximate duration thereof     Convert to Injection     Convert to Injection     Plug Back     Water Disposal     Convert to Injection     Convert to Injection     Convert to Injection     Plug Back     Convert to Injection     Con			🗖 Frac	ture Treat	🗖 Reclam	ation	🛛 Well Integrity
Convert to Injection     Plug Back	🛛 Subsequent Report	Casing Repair	🗖 New	Construction	Recom	plete	Other
13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereod If the proposal is to depend incretionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones Attach the both work will be performed or provide the Bond Num Mikel Marka. Required subsurface locations and measured and true vertical depths of all pertinent markers and zones for the work will be performed or provide the Bond Num Mikel and true vertical depths of all pertinent markers and zones for the work will be performed or provide the Bond Num Mikel and true vertical depths of all pertinent markers and zones determined that the site is ready for final inspection) ConcooPhillips went out and ran a MIT 3/20/13. Ran to 440#/30 mins - test good. Attached is the chart.  ConcooPhillips went out and ran a dire accretet.  Electronic Submission #202737 verified by the BLM Well Information System Committee to AFMSS for processing by DEEO Att MCKINKEY on 002/82/031 (13DLM1074SE) Name (Printed Typed) RHONDA ROGERS  The STAFF REGULATORY TECHNICIAN  Signature (Electronic Submission) Date 03/27/2013  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  Apgroved By ACCEEPTED  ADDE Soft and prints in the soft of this notice does not warrant or  trift BUM Section (USCH)  APR 0.3 LOR STATE OFFICE USE  Apgroved By ACCEEPTED  ADDE OF SUBMISSION  ADDE SATE OFFICE USE  ADDE SATE O	Final Abandonment Notice	-				· · ·	
Interviewer of the second state state of the second state of the second state state of the second state of the second state of the second state state of the second state of the second state state of the second state of the second state state of the second state of the second state state of the second state of the second state of the second state of the second state state of the second state of the se							
14. I hereby certify that the foregoing is true and correct. Electronic Submission #202737 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs Committed to AFMSS for processing by DEBO RAH MCKINNEY on 03/28/2013 (13DLM1074SE) Name (Printed/Typed) RHONDA ROGERS         Name (Printed/Typed) RHONDA ROGERS       Title         Signature       (Electronic Submission)         Date       03/27/2013         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By       ACCEPTED         Approved By       JAMES A AMOS TitleSUPERVISORY EPS         Date       03/31/         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 Hobbs         Title SUSC Section 10/0 and Luter 3 U.S.C. Section 10/0 and the state entry of the United states any false, fictitiotic or tractifier state entry of the entry of the within its jurisdiction.         * BLM REVISED **				APK V J	2013		
Electronic Submission #202737 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs Committed to AFMSS for processing by DEBO RAH MCKINNEY on 03/28/2013 (13DLM1074SE)         Name (Printed/Typed)       RHONDA ROGERS         Title       STAFF REGULATORY TECHNICIAN         Signature       (Electronic Submission)         Date       03/27/2013         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By       ACCEPTED         Approved By       AMES A AMOS TitleSUPERVISORY EPS         Date       03/27/2013         Date 03/21/         Office Hobbs         Office Hobbs         Title SUPERVISORY EPS         Date 03/31/         Office Hobbs         Title 18 U.S.C. Section 1001 and Diferal U.S.C. Section 1212, mail the applicant to conduct operations thereon.         ** BLM REVISED **				RECEIV	'ED		
Signature       (Electronic Submission)       Date       03/27/2013         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By ACCEPTED         Approved By ACCEPTED       JAMES A AMOS Title SUPERVISORY EPS       Date       03/31/         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       Office Hobbs       Date       03/31/         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       Office Hobbs       Date       03/31/         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant to conduct operations thereon.       Office Hobbs       Office Hobbs         Title 18 U.S.C. Section 1001 and Title 13 U.S.C. Section 1212, match a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitions or reactive ints of opersonitation of this restriction and partment or agency of the United States any false, fictitions or reactive ints of opersonitation as to any matter within its jurisdiction.       ** BLM REVISED **	Comm	Electronic Submission # For CONOCC itted to AFMSS for proces	OPHILLIPS CO	MPANY, sent to RAH MCKINNEY	the Hobbs on 03/28/201	3 (13DLM1074SE)	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE         JAMES A AMOS Title SUPERVISORY EPS         Date 03/31/         Onditions 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 Hobbs         Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, market a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitions or tradition of representation as to any matter within its jurisdiction.         ** BLM REVISED **							
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