Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014

5. Lease Serial No. APR 1 1 2011

				H I I I I
SUNDRY NOT	ICES AND RE	PORTS ON	WELLS '	

SUBN 1. Type of Well	Well X Other	instructions on page 2.	7.	TCTT '4 . COA/A		
1. Type of Well	Well V Other		- 1	7. If Unit of CA/Agreement, Name and/or No.		
	Well V Other					
Oil Well Gas	WCI CHICI	8.	8. Well Name and No. Buck Federal Central Tank Battery			
2. Name of Operator ConocoPhillips Company		9.	API Well No.			
3a. Address		3b. Phone No. (include area code)		10. Field and Pool or Exploratory Area		
P. O. Box 51810 Midland TX 79710		(432)688-6938		Avalon		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description, Red Hills West Facilities		ı)		11. County or Parish, State		
Neu milis vvest racilities		∼.		Lea	NM	
12. CHE	CK THE APPROPRIATE BO	X(ES) TO INDICATE NATUR	LE OF NOTICE,	REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION		·	YPE OF ACTION	1		
X Notice of Intent	Acidize	Deepen	Producti	on (Start/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclama	tion	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recompi	ete	X Other Flare permit	
Subsequent Report	Change Plans	Plug and Abandon	Tempora	rily Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water D	sposal		
the proposal is to deepen direction Attach the Bond under which the	rally or recomplete horizontal work will be performed or proved operations. If the operation of final inspection.) vent/flare this CTB the same of the	ly, give subsurface locations and ovide the Bond No. on file with on results in a multiple completi be filed only after all requiremen	I measured and to BLM/BIA. Requestion or recompletions, including rec	ue vertical depths of ired subsequent report in a new interval amation, have been		
14. I hereby certify that the foregoing is Ashley Martin	true and correct. Name (Printed		Regulatory To	echnician		

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)				
Ashley Martin	Title Staff Regulatory Technician			
Signature O I	Date 02/27/2013			
THIS SPACE FOR FEDER	AL OR STATE OFFICE ASEPROVED			
Approved by				
/s/ Jerry Blakley	Title App C Date 10			
Conditions of approval, if any, are attached. Approval of this notice does not warrant or cer that the applicant holds legal or equitable title to those rights in the subject lease which woul entitle the applicant to conduct operations thereon.	nify APR 6' 2013			
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any perfectitious or fraudulent statements or representations as to any matter within its jurisdiction.	on knowingly and willfully to make hold of the hard believed to the United States any false CARLSBAD FIELD OFFICE			

BUREAU OF LAND MANAGEMENT Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

4/6/2013

Condition of Approval to Flare Gas

- 1. Report all volumes on OGOR reports.
- 2. Comply with NTL-4A requirements
- 3. Subject to like approval from NMOCD
- 4. Flared volumes will still require payment of royalties
- 5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5.
- 6. This approval does not authorize any additional surface disturbance.
- 7. Submit updated facility diagram as per Onshore Order #3.
- 8. Approval not to exceed 90 days for date of approval.
- 9. Submit Subsequent Report with actual volumes of gas flared for each month gas is flared.

JDB