	UNITED STATES OCD He			3600 A	FORM APPROVED		
	PARTMENT OF THE I	NTERIOR	OCD HEODEBS C		Expires: October 31, 2014		
BUI	REAU OF LAND MANA	AGEMENT	APF	R112	5. Lease Serial No.		
	NOTICES AND REPO		LS.		6. If Indian, Allottee or	Tribe Name	
	form for proposals to Use Form 3160-3 (AF			CEIVER			
*	IT IN TRIPLICATE – Other i				7. If Unit of CA/Agreen	nent, Name and/or	r No.
. Type of Well		· · · ·	··				
Oil Well Gas V		····-	8. Well Name and No. SEMU Permian Battery 9. API Well No.				
ConocoPhillips Company a. Address	2h Dhana Na <i>(ina</i>	luda anaa aadu			mlanatami Araa		
P. O. Box 51810 Midland		3b. Phone No. <i>(inc.</i> (432)688	·	<i>;)</i>	10. Field and Pool or Ex	cpioratory Area	
. Location of Well (Footage, Sec., T.	. (432)000	-3174		11. County or Parish, St	ate		
				Lea NM			
12. CHE	CK THE APPROPRIATE BO	X(ES) TO INDICA	TE NATURE (OF NOTIC	CE, REPORT OR OTHEI	R DATA	
TYPE OF SUBMISSION			ТҮРІ	E OF ACT	ION		· · · · · · · · · · · · · · · · · · ·
Notice of Intent	Acidize	Deepen	• •	Produ	action (Start/Resume)	Water Shut-	Off
	Alter Casing	Fracture T			mation	Well Integri	ty
Subsequent Report	Casing Repair	New Cons		_	mplete porarily Abandon	Other	
Final Abandonment Notice	Convert to Injection	Plug Back			r Disposal		
There are 25 well attached Estimated volumes of gas	to flare : 200 MCF/pd	lached listy					
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		• •		SEI	? A TTA OUED	FOR	
· · · · · ·			C	sei Ondi	E ATTACHED FIONS OF AP	FOR	
		· ·	C	sei Ondi	: ATTACHED FIONS OF AP	FOR PROVAL	
		· ·	C	sei Ondi	E ATTACHED FIONS OF AP	FOR PROVAL	
. I hereby certify that the foregoing is t	rue and correct. Name (Printed/1	Typed)	C	sei Ondi	E ATTACHED FIONS OF AP	FOR PROVAL	
I hereby certify that the foregoing is the Rhonda Rogers	rue and correct. Name (Printed/	Typed) Title		ONDI	E ATTACHED TIONS OF AP Technician	FOR PROVAL	
	rue and correct. Name (Printed/	Title		ONDI	TIONS OF AP	FOR PROVAL	· · · · · · · · · · · · · · · · · · ·
Rhonda Rogers	rue and correct. Name (Printed/ Correct. Name (Printed/ THIS SPACE F	Title	 Staff Reg 03/07/20 	GNDI gulatory 13	TIONS OF AP	FOR PROVAL	·
Rhonda Rogers Signature	THIS SPACE F	Title	 Staff Reg 03/07/20 	GNDI gulatory 13	TIONS OF AP	FOR PROVAL	
Signature	THIS SPACE FO	OR FEDERAL	 Staff Reg 03/07/20 OR STA Title 	GNDI gulatory 13	TIONS OF AP	PROVAL	· · · · · · · · · · · · · · · · · · ·
Rhonda Rogers Signature	THIS SPACE For THIS SPACE For A Approval of this notice does no itle to those rights in the subject I thereon.	OR FEDERAL ot warrant or certify lease which would	Staff Reg 03/07/20 OR STAT	gulatory 13 TE OFF	Technician	PROVAL	ited States any fals

SEMU Permian (25) File BLM & OCD

Wells	API#
SEMU 15	30-025-07810
SEMU 17	30-025-07811
SEMU 19	30-025-07862
SEMU 22	30-025-07860
SEMU 24	30-025-06249
SEMU 27	30-025-07814
SEMU 29	30-025-06250
SEMU 33	30-025-07819
SEMU 34	30-025-07820
SEMU 37	30-025-06252
SEMU 38	30-025-06254
SEMU 39	30-025-07823
SEMU 42	30-025-06089
SEMU 43	30-025-06085
SEMU 67	30-025-06248
SEMU 73	30-025-07822
SEMU 74	30-025-07801
SEMU 75	30-025-07800
SEMU 77 🔵	30-025-07798
SEMU 80	30-025-06087
SEMU 89	30-025-21918
SEMU 107	30-025-26334
SEMU 127	30-025-33895
SEM7 128	30-025-34313
SEMU 152	30-025-35443

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

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