ab SL 1. Type of Well Oil Well G 2. Name of Operator CONOCOPHILL 3a. Address 3300 N "A" ST B	SUNDRY N o not use this andoned well. IBMIT IN TRIPL as Well S Other IPS COMPANY	Contact:	RTS ON WELLS drill or to re-enter a D) for such proposa tions on reverse si	an als. RECF	2 1 201,1	 Lease Serial No. NMNM27508 If Indian, Allottee or If Unit or CA/Agree Well Name and No. 		r No.	
ab SL 1. Type of Well Oil Well O 2. Name of Operator CONOCOPHILL 3a. Address 3300 N "A" ST B MIDLAND, TX 7 4. Location of Well	andoned well.	Use form 3160-3 (APL	D) for such proposa	als. RECH		7. If Unit or CA/Agree		r No.	
 Type of Well Oil Well Oil Well Name of Operator CONOCOPHILL 3a. Address 3300 N "A" ST B MIDLAND, TX 7 Location of Well Methods 	as Well 🛛 Other	Contact:					ement, Name and/o	r No.	
 Oil Well Oil Well Onocophilut Address Address Address Address MIDLAND, TX 7 Location of Well 	IPS COMPANY	Contact:			†	8. Well Name and No.			
CONOCOPHILL 3a. Address 3300 N "A" ST B MIDLAND, TX 7 4. Location of Well	LDG 6	Contact: E-Mail: rogerrs@co	RHONDA ROGERS	Oil Well 🗖 Gas Well 🛛 Other: INJECTION					
3300 N "A" ST B MIDLAND, TX 7 4. Location of Well		CONOCOPHILLIPS COMPANY / E-Mail: rogerrs@conocophillips.com						_	
4. Location of Well		3a. Address 3300 N "A" ST BLDG 6 MIDLAND, TX 79705				10. Field and Pool, or Exploratory SWD			
Sec 29 T26S R3	Footage, Sec., T.,	<u>}</u>			11. County or Parish, and State				
	2E SENW 2010				LEA COUNTY, NM				
12. (CHECK APPRO	OPRIATE BOX(ES) TO) INDICATE NATU	IRE OF NC	TICE, RE	PORT, OR OTHER	R DATA		
TYPE OF SUBN	AISSION	N TYPE OF ACTION							
□ Notice of Inten		Acidize	Deepen		D Producti	on (Start/Resume)	U Water Shu	-Ofí	
Subsequent Rep		□ Alter Casing	Fracture Tre		🗖 Reclama		U Well Integ	ity	
•		Casing Repair	□ New Construction		Recomp		Other		
Final Abandoni	nent Notice	 Change Plans Convert to Injection 	Plug and At Plug Back		Temporarily Abandon Water Disposal				
attached) -									
14. I hereby certify that	0 0	Electronic Submission #	PHILLIPS COMPANY	, sent to the	Hobbs	-			
Name (Printed/Type		•	Title			RY TECHNICIAN			
Signature (Electronic Submission)			Date	Date 04/18/2013					
	<u></u>	THIS SPACE FO	OR FEDERAL OR	STATE O	FICE US	SE			
Approved By AC		<u>=D</u>		AMES A AN		· · · · · · · · · · · · · · · · · · ·	Date 05/	<u>18/2</u>	
	f any, are attached.	Approval of this notice does							
Conditions of approval, i certify that the applicant which would entitle the a	pplicant to conduc	t operations thereon.	Office	Hobbs			<u> </u>	_	
Conditions of approval, i certify that the applicant which would entitle the a	pplicant to conduc		Office		llfully to ma	ke to any department or	agency of the Uni	ed	

