Form 3160-5 (August 2007)	DE	OCD H	lobbs				
	SUNDRY Do not use thi	LLS HO	BBS OCD				
	abandoned wel	ell. Use form 3160-3 (APD) for such p		roposals. ALIC 9 7 2010		6. If Indian, Allottee or	Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on reverse side.						7. If Unit or CA/Agree	ement, Name and/or No.
1. Type of Well	ler		RE	RECEIVED 8. Well Name and No. RUBY FEDERAL 24			
2. Name of Oper CONOCOF		ASHLEY BEF rtin@conocophi			9. API Well No. 30-025-41205-00-X1		
3a. Address 3300 N "A" MIDLAND,		3b. Phone No. Ph: 432-68	. (include area code) 8-6938		10. Field and Pool, or Exploratory MALJAMAR		
4. Location of V	., R., M., or Survey Description)	11. County or Parish, and State			and State	
Sec 18 T17 32.500158			LEA COUNTY, NM				
" " " "	12. CHECK APPI	ROPRIATE BOX(ES) TO) INDICATE	NATURE OF	NOTICE, RI	EPORT, OR OTHEI	R DATA
TYPE OF	TYPE OF SUBMISSION						
□ Notice of Intent		□ Acidize		🗖 Deepen		ion (Start/Resume)	□ Water Shut-Off
_	Alter Casing			Fracture Treat New Construction		ation ,	U Well Integrity
☐ Final Abandonment Notice		 Casing Repair Change Plans 	—	and Abandon	Recomp Tempor		Drilling Operations
0		Convert to Injection	- 0	Plug Back		Disposal	
Attach the Bo following cor testing has be determined th 8/12/13 RII 162 jts, 5 1 class C lea w. 2100# 8	and under which the wor npletion of the involved en completed. Final At lat the site is ready for f H w/ 7 7/8" bit & tag /2", 17#, L-80 csg s d cmt & 800 sx (20 & circ 100 bbls of cr	g cmt @650'. Drilled ahea set @ 6878'. Pre-flush w/ 0 bbis) of class TXI/LW c nt to surf. ND BOP NU W	the Bond No. on sults in a multiple ed only after all r d to 6890' (TE 20 bbls FW. F of tail cmt. Disp	i file with BLM/BI e completion or recequirements, inclu) reached on { Pumped 550 sx	A. Required su completion in a iding reclamatio B/15/13. RIH (224 bbls) o	bsequent reports shall be new interval, a Form 316 n, have been completed, a N/ f	filed within 30 days 0-4 shall be filed once
14. I hereby certify that the foregoing is true and correct. Electronic Submission #217923 verified to For CONOCOPHILLIPS COMF Committed to AFMSS for processing by JOHNNY					the Hobbs I on 08/22/201	3 (13JLD0617SE)	
Name (Printed/Typed) ASHLEY BERGEN				Title STAF	F REGULATO		
Signature	Date 08/22/	2013					
		THIS SPACE F	OR FEDERA	L OR STATE	OFFICE U	SE	
APProved By ACCEPTED				JAMES A AMOS TitleSUPERVISORY EPS Date 08/24/2013			
certify that the app	d. Approval of this notice does uitable title to those rights in th act operations thereon.		Office Hobbs	ŀ	B		
		U.S.C. Section 1212, make it a statements or representations as				ake to any department or	agency of the United
	** BLM REV	ISED ** BLM REVISE	D ** BLM RE	EVISED ** BL		O ** BLM REVISE	D **