UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

5. Lease Serial No.

SUNDRY Do not use th abandoned we	NMLC0603				
SUBMIT IN TRI	6 20\3 7. If Unit or CA 8. Well Name an	/Agreement, Name and/or No.			
1. Type of Well Gas Well Qu	8. Well Name an EMERALD F	d No. FEDERAL 07			
2. Name of Operator CONOCOPHILLIPS	9. API Well No. 30-025-408				
3a. Address P.O. BOX 51810 MIDLAN, TX 79710		ool, or Exploratory R; YESO WEST			
4. Location of Well (Footage, Sec., 7	., R., M., or Survey Description)		11. County or Pa	arish, and State	
Sec 17 T17S R32E NENE 99	LEA COUN	ITY, NM			
12. CHECK APPI	ROPRIATE BOX(ES) TO I	NDICATE NATURE OF 1	NOTICE, REPORT, OR O	THER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent	☐ Acidize	□ Deepen	☐ Production (Start/Resum	e) Water Shut-Off	
☐ Notice of Intent	Alter Casing	☐ Fracture Treat	Reclamation	■ Well Integrity	
Subsequent Report	Casing Repair	■ New Construction	□ Recomplete	□ Other	
☐ Final Abandonment Notice	□ Change Plans	Plug and Abandon	☐ Temporarily Abandon		
	□ Convert to Injection	□ Plug Back	■ Water Disposal		
13. Describe Proposed or Completed Ope If the proposal is to deepen directions. Attach the Bond under which the wor following completion of the involved testing has been completed. Final Attach the site is ready for fill Interim Reclamation complete. 14. I hereby certify that the foregoing is	ally or recomplete horizontally, given will be performed or provide the operations. If the operation result bandonment Notices shall be filed contains a section.)	e subsurface locations and measu Bond No. on file with BLM/BIA s in a multiple completion or reco only after all requirements, includ	red and true vertical depths of all Required subsequent reports shoupletion in a new interval, a Foring reclamation, have been completed.	pertinent markers and zones. all be filed within 30 days m 3160-4 shall be filed once eted, and the operator has ord Purposes. co Onsite Inspection are not achieved, my be required.	
, ,	Electronic Submission #219 For CONO Committed to AFMSS for pro	COPHILLIFS, sent to the Ho cessing by JOHNNY DICKER	bbs RSON on 09/12/2013 ()		
Name(Printed/Typed) ASHLEY E	DENGEN	Title STAFF	REGULATORY TECH		
Signature (Electronic S	ubmission)	Date 09/10/20	013		
	THIS SPACE FOR	FEDERAL OR STATE	OFFICE USE		
Approved By		Title		Date	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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.

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

Office