Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

HOBBS OCD

FORM APPROVED

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

5.	Lease Serial No.
ŀ	NMLC0557686

Do not use this f		ORTS ON WELLS to drill or to re-enter a PD) for such proposa	n	B. If Indian, Allottee or	Tribe Name	
SUBMI	IN TRIPLICATE – Other	instructions on page 2.		7. If Unit of CA/Agreer	ment, Name and/or No.	
1. Type of Well						
X Oil Well Gas W	ell Other	8. Well Name and No. SEMU 165				
2. Name of Operator ConocoPhillips Company	9. API Well No. 30-025-35835					
3a. Address		3b. Phone No. (include area co	ode)	10. Field and Pool or Exploratory Area		
P. O. Box 51810 Midland T	(432)688-9174		Weir; Drinkard			
 Location of Well (Footage, Sec., T., UL M, 1310' FSL & 480' FV 	11. County or Parish, S	tate				
OL W, 1310 1 3E & 400 1 WE, 3EO 14, 200, 37E				Lea	. NM	<u> </u>
12. CHEC	K THE APPROPRIATE BO	OX(ES) TO INDICATE NATUR	RE OF NOTIC	E, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION		TYPE OF ACTION				
Notice of Intent	Acidize	Deepen Deepen	Prod	uction (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Recla	amation	Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Reco	mplete	X Other Pool	
	Change Plans	Plug and Abandon	Temp	oorarily Abandon	Consolidation	
Final Abandonment Notice	Convert to Injection	Plug Back	☐ Wate	er Disposal		
13. Describe Proposed or Completed Opthe proposal is to deepen directional Attach the Bond under which the was following completion of the involve testing has been completed. Final addetermined that the site is ready for ConocoPhillips Company of Drinkard (63840) pool will reffective date of order #R-Attached is the C-102.	ally or recomplete horizontal york will be performed or pro- ed operations. If the operating Abandonment Notices must final inspection.) espectfully requests to now be consolidation	ly, give subsurface locations and ovide the Bond No. on file with on results in a multiple completi be filed only after all requirement to change pool code for pool SEMU; Blinebry-T	d measured ar BLM/BIA. R ion or recomp nts, including	nd true vertical depths of tequired subsequent repo- letion in a new interval, reclamation, have been of due to pool consol	f all pertinent markers and orts must be filed within a a Form 3160-4 must be f completed and the operat lidation. Weir;	l zones. 30 days iled once

SUBJECT TO LIKE APPROVAL BY STATE

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)		NAT.				
Rhonda Rogers	Title Staff Regulatory Tec	le Staff Regulatory Technician				
Signature Shonet Docers	Date 12/11/2013	Kr				
THIS SPACE FOR FED	ERAL OR STATE OFFICE	USE				
Approved by						
	Title	Date				
Conditions of approval, if any, are attached. Approval of this notice does not warrant of the applicant holds legal or equitable title to those rights in the subject lease which ntitle the applicant to conduct operations thereon.						

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.