Form 3160-5 (August 2007)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				CD Hobbs BBS OCD	FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No. NMLC029405B			
S S	SUNDRY NO	NOTICES AND REPORTS ON WELLS SEP 1 2 20			1 2 2014				
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.						6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICATE - Other instructions on reverse side.						7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well						8. Well Name and No. RUBY FEDERAL 46			
Z Oil Well Gas Well Other 2. Name of Operator Contact: RHONDA ROGERS						9. API Well No.			
CONOCOPHILLIPS COMPANY E-Mail: rogerrs@conocophillips.com						•	30-025-41508-00-S1		
3a. Address 3b. Phone No. (include area code) Ph: 432-688-9174						10. Field and Pool, or MALJAMAR	10. Field and Pool, or Exploratory MALJAMAR		
MIDLAND, TX 79710 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)						11. County or Parish, and State			
Sec 18 T17S R32E NWNE 330FNL 2310FEL 32.502772 N Lat, 103.481707 W Lon						LEA COUNTY, NM			
12. CHI	ECK APPROF	RIATE BOX(ES) TO) INDICAT	E NATURE OI	F NOTICE, F	L REPORT, OR OTHE	R DAT	A	
TYPE OF SUBMIS	SION	TYPE OF ACTION							
		🗖 Acidize	Deepen		🗖 Produc	Production (Start/Resume)		ater Shut-Off	
□ Notice of Intent		Alter Casing	🗂 Fra	cture Treat	🗖 Reclar	nation		ell Integrity	
🛛 Subsequent Report		Casing Repair	_	w Construction.	—	Recomplete		her	
Final Abandonment Notice		 Change Plans Convert to Injection 		g and Abandon g Back		Temporarily Abandon Water Disposal			
13. Describe Proposed or Co				•		·	(imate du	ration thereof	
following completion of testing has been comple determined that the site ConocPhillips perfo	the involved ope ted. Final Abando is ready for final i rmed a tbg reg	Il be performed or provide rations. If the operation re- onment Notices shall be fil- nspection.) pair and reset tubing a #, J-55 tbg & re-set @	sults in a multij ed only after al at a different	ble completion or requirements, incl	ecompletion in a luding reclamati	new interval, a Form 316	0-4 shall	be filed once	
						•	•		
14. I hereby certify that the	e foregoing is true El	ectronic Submission #	250383 verifi PHILLIPS CO	ed by the BLM V MPANY, sent t	Vell Informatio	on System			
		nmitted to AFMSS for p	processing b	1	•	•			
Name(Printed/Typed) RHONDA ROGERS					Title STAFF REGULATORY TECHNICIAN				
Signature (Electronic Submission)				Date 06/23/2014					
<u></u>		THIS SPACE FO	- DR FEDER	AL OR STAT	E OFFICE L	JSE			
ACC	FPTF	D			A AMOS VISORY PET	,		Data 00/07/0014	
Approved By ACC Conditions of approval, if any				TitleSOFLA	VISONTFLI		1	Date 09/07/2014	
certify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations thereon.				Office Hobbs					
Title 18 U.S.C. Section 1001 States any false, fictitious o						nake to any department or	agency o	of the United	
** E	BLM REVISE	D ** BLM REVISEI) ** BLM F	EVISED ** B	LM REVISE	D ** BLM REVISE	D **		

SEP 1 7 2014

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