| 4 | | 00 | 2D Hobbs | <u>COCD</u> | | |
|--|---|--|--|---|--|---|
| Form 3160-5 (August 2007) UNITED STAT DEPARTMENT OF THE BUREAU OF LAND MAN SUNDRY NOTICES AND REP Do not use this form for proposals abandoned well. Use form 3160-3 (A | | | INTERIOR JAN 2 6 2015 AGEMENT JAN 2 6 2015 DRTS ON WELLS | | FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No. NMLC031670A 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 □ Gas Well ☑ Other: INJECTION 2. Name of Operator ✓ Contact: SUSAN MAUNDER | | | | | 8. Well Name and No. SEMU 247 | |
| CONOCÔPHILLIPS COMPANY E-Mail: Susan.B.Maunder@conocophillips.com | | | | | 30-025-42019 10. Field and Pool, or Exploratory | |
| | HFORD RD;P10-309 7079-1175 | 3 Ph: | 3b. Phone No. (include area code) Ph: 281-206-5281 | | SKAGGS; GRAYBURG | |
| 4. Location of Well <i>(Footage, Sec., T., R., M., or Survey Description</i> Sec 24 T20S R37E Mer NMP SENE 2139FNL 265FEL | | | , | | 11. County or Parish, and State LEA COUNTY COUNTY, NM | |
| 12. CH | IECK APPROPRIA | FE BOX(ES) TO IND | CATE NATURE OF 1 | NOTICE, RE | PORT, OR OTHE | R DATA |
| TYPE OF SUBMI | SION TYPE OF ACTION | | | | | |
| Notice of Intent | | er Casing | Deepen Fracture Treat | □ Productio □ Reclama | ion (Start/Resume) ation | □ Water Shut-Off □ Well Integrity ⊠ Other Change to Original A PD |
| Subsequent Repo Final Abandonme | ent Notice | ange Plans | New Construction Plug and Abandon Plug Back | □ Recompl □ Tempora □ Water Di | rily Abandon | |
| Attach the Bond under following completion of testing has been compl determined that the site ConocoPhillips Co well. The flowlines | which the work will be p of the involved operations eted. Final Abandonmen is ready for final inspect mpany (COPC)respection well | erformed or provide the Bon . If the operation results in a tNotices shall be filed only a ion.) ectfully requests approv need to be buried due | a, including estimated starting surface locations and measu d No. on file with BLM/BIA multiple completion or recc after all requirements, includ val to change our surface to the operating press | Required subsompletion in a neing reclamation, ing reclamation, ce use plan four four during during the dur | equent reports shall be w interval, a Form 316 have been completed, | filed within 30 days |
| buried line cross s | s. The route will be the eppro- | ved route. | rently permitted. Attach | iea is our | | |
| | | D and operated at less BLM representative Ms. | · | · | | |
| Our current conditi | | ain provisions for burie onditions. | d lines; VIII.B.7 and VII | I.B.9. COPC | | |
| | | | 5/15 | | WFY | (-937 |
| 14. I hereby certify that the | e foregoing is frue and co Electror | tic Submission #271638 | verified by the BLM Wel PS COMPANY, sent to t | Information he Hobbs | System | • |
| Name (Printed/Typed) | Title SENIOF | REGULATO | DRY SPECIALIST | · · · | | |
| Signature | Date 10/17/20 | | | | | |
| A | | | DERAL OR STATE | | E | <u> </u> |
| Approved By Conditions of approval, if ar certify that the applicant hol | y, are attachéd. Approva ds legal or equitable title | I of this notice does not wan to those rights in the subject | Title MK | - <u>5</u> =0 | | Date 1515 |
| which would entitle the appl | icant to conduct operation and Title 43 U.S.C. Sect | ns thereon. ion 1212, make it a crime fo | Office C r any person knowingly and | willfully to mak | e to any department or | agency of the United |
| | or irauquient statements c | r representations as to any n | iatter within its jurisdiction. | | | <u></u> |
| States any false, fictitious | | | TOR-SUBMITTED * | * ^ | | · · · · · · · · · · · · · · · · · · · |

Additional data for EC transaction #271638 that would not fit on the form

32. Additional remarks, continued

Thank you for your time spent reviewing this requested change.







