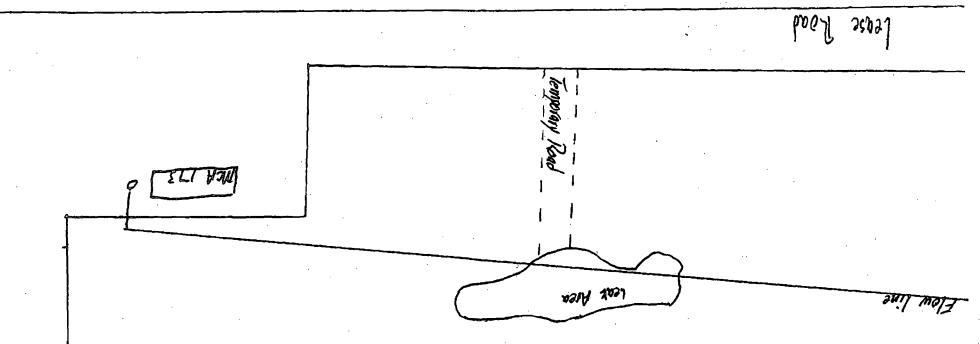
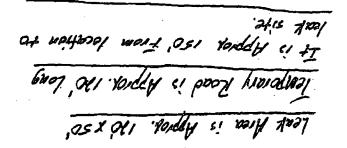
| • | | RL | M | | (| |
|---|---|--------------------------------------|--|--------------------------------------|---|---|
| | UNITED STATES DEPARTMENT OF THE INTERIOR OCD Hobb BUREAU OF LAND MANAGEMENT | | | 5 | C E: 5. Lease Serial No. | ORM APPROVED MB No. 1004-0137 xpires: July 31, 2010 |
| SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. | | | | | NMLC029410A 6. If Indian, Allottee o | r Tribe Name |
| SUBMIT IN TRIPLICATE – Other instructions on page 2. | | | | | 7. If Unit of CA/Agree MCA Unit | ement, Name and/or No. |
| I. Type of Well Image: Oil Well Image: Oil Well | | JUN 1 | 0 2015 | 8. Well Name and No. MCA Unit 173 | | |
| 2. Name of Operator ConocoPhillips Company | | | | | 9. API Well No. 30-025-00762 | |
| 3a. Address 3b. Phone 600 N. Dairy Ashford Rd, P10-3-3096 281-206-5 Houston, TX 77079-1175 281-206-5 | | | ude area code, | | 10. Field and Pool or Exploratory Area Maljamar; Grayburg,San Andres | |
| 4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 1980' FSL & 660' FEL, UL I, Sec. 29, T17S, R32E | | | 11. Country or Parish, State Lea County, NM | | | |
| 12. CHE | CK THE APPROPRIATE BOX(E | S) TO INDICAT | E NATURE (| I | E, REPORT OR OTH | ER DATA |
| TYPE OF SUBMISSION TYPE OF ACT | | | | | ON | |
| Notice of Intent | Acidize | Deepen Fracture Tr | eat | _ | ction (Start/Resume) mation | Water Shut-Off Well Integrity |
| Subsequent Report | Casing Repair | New Constr | • | | nplete orarily Abandon | Other Construct temporary road to reach site for |
| Final Abandonment Notice | Convert to Injection | Plug Back | | Water | Disposal | spill remediation |
| determined that the site is ready to ConocoPhillips Company respectfor remediation. The site to be remediation. The site to be remediation $Upcon \ conocompany \ conocom$ | ully requests approval to constru | Attached is a so | chematic of c | our plan. | | • |
| 14. I hereby certify that the foregoing is | | | <u>.</u> | | · · · · | |
| Susan B. Maunder | | | Title Senior Regulatory Specialist | | | |
| Signature | Signature Date 05/26/2015 | | | | | 1 |
| | THIS SPACE FO | R FEDERAL | . OR STA | TE OFF | | (A) |
| Approved by Conditions of approval, if any, are attacht that the applicant holds legal or equitable entrie the applicant to conduct operation. Title 18 U.S.C. Section 1001 and Title 4. fictihous or fraudulent statements or rep (Instructions on page 2) | title to those rights in the subject leases thereon. 3 U.S.C. Section 1212, make it a crim | se which would e for any person k | Title S Office A | PE 7 2D willfully to | make to any departmen | Date 5-29-15 t or agency of the United States any false, |
| • | | | | | | |

. W



Lease Road



Morth