

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNMOCD
HobbsFORM APPROVED
OMB NO. 1004-0135
Expires: 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.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC069515
2. Name of Operator CONOCOPHILLIPS COMPANY Contact: RHONDA ROGERS E-Mail: rogers@conocophillips.com		6. If Indian, Allottee or Tribe Name
3a. Address MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-688-9174	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 25 T26S R32E NENE 316FNL 125FEL 32.011229 N Lat, 103.371282 W Lon		8. Well Name and No. WAR HAMMER 25 FEDERAL COM W1 3H
		9. API Well No. 30-025-42027-00-X1
		10. Field and Pool, or Exploratory WILDCAT
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

4/12/15 RIH w/DD tool & bit 13 5/8"(rotary & slide) & tag cmt @ 762', DO cmt drill ahead f/800' to 4790' 4/14/15.
4/15/15 RIH w/114 jts, 9 5/8", 40#, L-80 BTC csg & set @ 4778'. Pump 990 sx (483 bbls) class C lead cmt & 332 sx (80 bbls) class C tail cmt. Displace w/30 bbls FW & 359 bbls brine. Bump plug to 1067# & circ 103 bbls to surf, cmt fell back, BLM request CLB to establish TOC. RU WL & perform CBL & TOC @ 40'/KB.
4/16/15 Set 9 5/8" pack off & install well cap. Skid rig over to War Hammer 25 Fed W2-2H. 5/ 5/3/15 Skid rig back over to 3H. Test 9 5/8" csg to 3000#/30 mins test held. RIH w/8 3/4" bit & DD tool & tag @ 4720' DO cmt float & shoe track f/4720' t/4785'.
5/4-13/15 Drill ahead f/4795' to 9837' Vertical hole, rotary/slide drill f/9737' t/12,342 TMD(12,166' TVD) per DD plan.
5/15/15 RIH w/311 jts 7 5/8", 29.7#, P-110 & set @ 12,392'MD (12,187' TVD).

TOC?

14. I hereby certify that the foregoing is true and correct. Electronic Submission #303530 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/29/2015 (16JAS0035SE)	
Name (Printed/Typed) RHONDA ROGERS	Title STAFF REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 06/01/2015
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
NOV 9 2015	
Approved By _____	Title _____
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.	Office _____
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.	

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

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Additional data for EC transaction #303530 that would not fit on the form

32. Additional remarks, continued

5/18/15 Pump 426 sx (180 bbls) class C lead cmt & 125 sx (30 bbls) POZ/class C tail cmt. Drop top plug and displace w/540 bbls 9.3# TD mud bump plug. No returns
5/19/15 RDBOP & NUWH. RDMO