

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM 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.*5. Lease Serial No.
NMNM27508

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
WILDER 29 FEDERAL 5H2. Name of Operator
CONOCOPHILLIPS
Contact: ASHLEY BERGEN
E-Mail: ashley.bergen@conocophillips.com9. API Well No.
30-025-415093a. Address
P.O. BOX 51810
MIDLAND, TX 797103b. Phone No. (include area code)
Ph: 432-688-6938

HOBBS OCD

10. Field and Pool, or Exploratory
JENNINGS BONE SPRINGS UPP4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 29 T26S R32E Mer NMP NENE 724FNL 877FEL

DEC 21 2015

11. County or Parish, and State
LEA COUNTY, NM

RECEIVED

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 checked="" 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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recompletion 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.)

ConocoPhillips completed the interim reclamation for the above well on June 26, 2015.

Accepted for Record Purposes.
Approval Subject to Onsite Inspection
If BLM Objectives are not achieved,
additional work may be required.

Date: 12-12-15

Signature: [Signature]

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #308034 verified by the BLM Well Information System
For CONOCOPHILLIPS, sent to the Hobbs
Committed to AFMSS for processing by LINDA JIMENEZ on 08/18/2015 ()

Name (Printed/Typed) ASHLEY BERGEN

Title REGULATORY SPECIALIST

Signature (Electronic Submission)

Date 07/06/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By	Title	Date
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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Accepted for Record Only

MSB/OCD 12/21/2015

DEC 22 2015

[Signature]