## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

		FORM
		OMB N
OCD-HO	DRBS	Expires
OCD II		

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

	CCD	-	5.	Lease
WELLS				NMN
4				

SUNDRY NOTICES AND REPORTS ON WELLS	5. Lease Serial No. NMNM27508
o not use this form for proposals to drill or to re-enter an andoned well. Use form 3160-3 (APD) for such proposals.	6. If Indian, Allottee or Tribe Nam

SUNDRY NOTICES AND REPORTS ON WELLS				NMNM27508			
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 TRII	PLICATE - Other instruc	tions on reve	erse side.		7. If Unit or CA/Agree	ement, Name and/or No.	
Type of Well	er	1		OCD	8. Well Name and No. WILDER 29 FEDE	ERAL 3H	
Name of Operator     CONOCOPHILLIPS COMPAN		ASHLEY BER		2016	9. API Well No. 30-025-41510-0	0-X1	
3a. Address		3b. Phone No. Ph: 432-688		ode)	10. Field and Pool, or JENNINGS	Exploratory	
MIDLAND, TX 79710	D 16 C D				11. County or Parish,	1 544	_
4. Location of Well (Footage, Sec., T. Sec 29 T26S R32E NWNE 33 32.011175 N Lat, 103.415898	0FNL 1875FEL	,			LEA COUNTY,		
12. CHECK APPR	ROPRIATE BOX(ES) TO	O INDICATE	NATURE (	OF NOTICE, I	REPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION			TYP	E OF ACTION			
= Nucleon Classes	☐ Acidize	☐ Deep	en	☐ Produ	ction (Start/Resume)	☐ Water Shut-Off	
☐ Notice of Intent	☐ Alter Casing	☐ Fract	ure Treat	☐ Recla	mation	■ Well Integrity	
Subsequent Report     ■     Subsequent Report     ■     ■     Subsequent Report     ■     ■     Subsequent Report     ■	□ Casing Repair	☐ New	Construction	☐ Recor	nplete	Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug	and Abandon	n 🗖 Temp	orarily Abandon	Site Facility Diagra m/Security Plan	
	☐ Convert to Injection	☐ Plug	Back	■ Water	Disposal		
Attach the Bond under which the wor following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fit ConocoPhillips respectfully su	operations. If the operation re andonment Notices shall be fil inal inspection.)  bmits the site facility diag	sults in a multiple ed only after all r gram. Please s	e completion or equirements, in	recompletion in icluding reclamat	a new interval, a Form 316 ion, have been completed,	0-4 shall be filed once	
14. I hereby certify that the foregoing is	Electronic Submission #	328949 verified OPHILLIPS CO	by the BLM	Well Informati	on System		
	mitted to AFMSS for proc		CILLA PERI	EZ on 01/20/201			
Name (Printed/Typed) ASHLEY E	BERGEN		Title RE	GULATORY S	PECIALIST		_
Signature (Electronic S	Submission)		Date 01/	19/2016			
	THIS SPACE FO	OR FEDERA	L OR STA	TE OFFICE	USE	- C	
Rejected Approved By Can	da Omoto		Title	EP5		Date 1/28/16	,
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to condu-	uitable title to those rights in the		Office	CFo			1
Fitle 18 U.S.C. Section 1001 and Title 43					make to any department or	agency of the United	

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

