SUNDRY Do not use thi	UNITED STATES PARTMENT OF THE IN UREAU OF LAND MANAGE NOTICES AND REPOR S form for proposals to II. Use form 3160-3 (API	NTERIOR OGEMENT RTS ON WELLS drill or to re-enter an	CD-HOBE	S OMB N	APPROVED O. 1004-0135 July 31, 2010 or Tribe Name			
SUBMIT IN TRI	7. If Unit or CA/Agreement, Name and/or No.							
1. Type of Well Gas Well Oth	8. Well Name and No. WILDER 29 FEDERAL AC 5H							
Name of Operator CONOCOPHILLIPS COMPAN	9. API Well No. 30-025-41509-00-S1							
3a. AddressMIDLAND, TX 797104. Location of Well (Footage, Sec., T.	3b. Phone No. (include area code) Ph: 432-688-6938 BBS OCD MAR 2 1 2016		11. County or Parish, and State					
Sec 29 T26S R32E NENE 724 32.010792 N Lat, 103.412917	LEA COUNTY,	NM						
12. CHECK APPE	ROPRIATE BOX(ES) TO	INDICATE NATURE C	DF NOTICE, R	EPORT, OR OTHE	R DATA			
TYPE OF SUBMISSION	TYPE OF ACTION							
□ Notice of Intent	☐ Acidize☐ Alter Casing	☐ Deepen☐ Fracture Treat	☐ Product	tion (Start/Resume)	☐ Water Shut-Off ☐ Well Integrity			
☑ Subsequent Report ☐ Final Abandonment Notice	☐ Casing Repair☐ Change Plans☐ Convert to Injection☐	□ New Construction□ Plug and Abandon□ Plug Back		rarily Abandon	☑ Other Site Facility Diagra m/Security Plan			
3. Describe Proposed or Completed Ope If the proposal is to deepen directiona Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi	ally or recomplete horizontally, ik will be performed or provide operations. If the operation resonandonment Notices shall be file	give subsurface locations and m the Bond No. on file with BLM sults in a multiple completion or	easured and true verbla. Required surrecompletion in a	ertical depths of all pertinus bsequent reports shall be new interval, a Form 316	nent markers and zones. filed within 30 days 60-4 shall be filed once	The second second second		
ConocoPhillips respectfully su	bmits the site facility diag	ram. Please see the attac	hment.					
		Ap		ecord Purposes. ect to Onsite Ins	pection.			

14. I hereby certify that the	ne foregoing is true and correct. Electronic Submission #329853 verifie For CONOCOPHILLIPS CO Committed to AFMSS for processing by PRI	MPANY	, sent to the Hobbs				
Name(Printed/Typed) ASHLEY BERGEN			Title REGULATORY SPECIALIST				
Signature	(Electronic Submission) THIS SPACE FOR FEDERA	Date	01/27/2016 STATE OFFICE USE				
Approved By	THIS SPACE TORTEDERA	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	Ka				

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 **





