

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD  
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.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

|  |  |   |
|--|--|---|
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other |  | 5. Lease Serial No.<br>NMNM27508                  |
| 2. Name of Operator<br>CONOCOPHILLIPS COMPANY  |  | 6. If Indian, Allottee or Tribe Name              |
| 3a. Address<br>MIDLAND, TX 79710   |  | 7. If Unit or CA/Agreement, Name and/or No.       |
| 3b. Phone No. (include area code)<br>Ph: 432-688-6938  |  | 8. Well Name and No.<br>WILDER 28 FEDERAL 2H      |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Sec 28 T26S R32E NWNE 330FNL 2160FEL                   |  | 9. API Well No.<br>30-025-40329-00-S1             |
|  |  | 10. Field and Pool, or Exploratory<br>JENNINGS    |
|  |  | 11. County or Parish, and State<br>LEA COUNTY, NM |

HOBBS OCD

APR 25 2016

RECEIVED

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

| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                |   |  |   |
|--|---|---|--|---|
| <input checked="" 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 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       | Production Start-up                       |
|  | <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.)

The above well came back online 3/15/16.

|  |                             |
|--|-----------------------------|
| 14. I hereby certify that the foregoing is true and correct.<br><b>Electronic Submission #333843 verified by the BLM Well Information System<br/>For CONOCOPHILLIPS COMPANY, sent to the Hobbs<br/>Committed to AFMSS for processing by PRISCILLA PEREZ on 03/21/2016 (16PP0419SE)</b> |                             |
| Name (Printed/Typed) ASHLEY BERGEN   | Title REGULATORY SPECIALIST |
| Signature (Electronic Submission)  | Date 03/15/2016             |
| <b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>  |                             |
| 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.                              | Date _____                  |
|  | Office _____                |

ACCEPTED FOR RECORD

APR 18 2016

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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

MAY 09 2016