			and the second	the second s	A Designation of the local data and the	
	NMOCD					
Form 3160-5 (June 2015)	UNITED STATES Hobbs					APPROVED
DI	PARTMENT OF THE I UREAU OF LAND MANA	CENTENT.			Expires: Ja	0. 1004-0137 nuary 31, 2018
SUNDRY NOTICES AND REPORTS					5. Lease Serial No. NMLC068281B	
Do not use the abandoned we	s form for proposals to II. Use form 3160-3 (AP	drill or to re- D) for such p	enter an posals.	S OC	. If Indian, Allottee or	Tribe Name
SUBMIT IN	TRIPLICATE - Other ins	tructions on <sub>l</sub>	bage 2	0 2017	7. If Unit or CA/Agree	ment, Name and/or No.
1. Type of Well Gas Well ☐ Oth	RECEIVED 8. Well Name and N BUCK 17 FED		8. Well Name and No. BUCK 17 FEDER/	AL 006H		
2. Name of Operator CONOCOPHILLIPS COMPAN	GERS	8	9. API Well No. 30-025-40901			
<ul> <li>3a. Address</li> <li>P. O. BOX 51810</li> <li>MIDLAND, TX 79710</li> </ul>	3b. Phone No. (include area code) Ph: 432-688-9174			10. Field and Pool or Exploratory Area JENNINGS		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State	
Sec 17 T26S R32E Mer NMP	1	LEA COUNTY,			M	
12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICAT	TE NATURE O	F NOTICE,	REPORT, OR OTH	ER DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
□ Notice of Intent	C Acidize	Deep	ben	Product	tion (Start/Resume)	□ Water Shut-Off
_	Alter Casing	🗖 Hydr	aulic Fracturing	Reclam	ation	U Well Integrity
Subsequent Report	Casing Repair	pair 🗖 New Co		Recomp		□ Other
☐ Final Abandonment Notice	<ul> <li>Change Plans</li> <li>Convert to Injection</li> </ul>	Plug Plug	□ Plug and Abandon		<ul> <li>Temporarily Abandon</li> <li>Water Disposal</li> </ul>	
this well is now in TA status. 1/13/17 RIH w/CIBP & set @ 1/16/17 Pump <u>30 sx of class</u> ( 1/17/17 RIH & tagged cmt @ pkr fluid.	C cmt displace w/10# brin	ie. 550#/35 mins-	held good. Cha	art attached	. Cir	
TA <u>EXPLOS</u> 14. I hereby certify that the foregoing is	12/15	12017				
14. Thereby certify that the toregoing is	Electronic Submission # For CONOCC	OPHILLIPS CO	IPANY, sent to t	he Hobbs		
Committed to AFMSS for processing Name (Printed/Typed) RHONDA ROGERS			DEBORAH MCKINNEY on 02/13/2017 () Title STAFF REGULATORY TECHNICIAN			
			THE OTAT	REGOLAR		
Signature (Electronic Submission)			Date 02/10/2017			
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U	SE	
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 States any false, fictitious or fraudulent				willfully to ma	ake to any department or	agency of the United
(Instructions on page 2) ** OPERAT					OR-SUBMITTED	** /
OFLICA	TOR-SUBMITTED ** C	pted for Re	cord Only	2017	NO BUM	APPROVAL.
		1 and	1			

