

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

NMOCD
Hobbs

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

5. Lease Serial No.
NMLC029405B

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
CONOCOPHILLIPS COMPANY

Contact: RHONDA ROGERS
E-Mail: rogersr@conocophillips.com

3a. Address
P. O. BOX 51810
MIDLAND, TX 79710

3b. Phone No. (include area code)
Ph: 432-688-9174

8. Well Name and No.
RUBY FEDERAL BATTER NA

9. API Well No.

10. Field and Pool or Exploratory Area
MALJAMAR

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

11. County or Parish, State
LEA COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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	Venting and/or Flaring
	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must 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 Company would like to report the actual flare event on this facility. 12/6/16 THRU 3/6/17

METER #06082014

Month	Start Date	End Date	Total MCF	Flaring Reason
December	12/12/16	2:00PM	12/16/16 9:15AM	6692 Third party down time
January	1/7/17	2:00pm	1/7/17 3:30pm	28 Third party down time
February	2/11/17	8:00am	2/14/17 9:15am	1506 Third party down time
March	3/19/17	12:00pm	3/19/17 7:00pm	519 Third party down time

25- 40393

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

Electronic Submission #399862 verified by the BLM Well Information System
For CONOCOPHILLIPS COMPANY, sent to the Hobbs
Committed to AFMSS for processing by JENNIFER SANCHEZ on 01/08/2018 ()

Name (Printed/Typed) RHONDA ROGERS

Title STAFF REGULATORY TECHNICIAN

Signature (Electronic Submission)

Date 01/08/2018

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.

(Instructions on page 2)

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

Accepted for Record Only

YMSB/OCD 2/19/2018

ACCEPTED FOR RECORD

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

Ruby Federal Battery

Well name & number	API #
Ruby Federal 1 /	30-025-40393
Ruby Federal 2 /	30-025-40394
Ruby Federal 3 /	30-025-40222
Ruby Federal 4 /	30-025-40523
Ruby Federal 5 /	30-025-40524
Ruby Federal 6 /	30-025-40395
Ruby Federal 7 /	30-025-40359
Ruby Federal 8 /	30-025-40521
Ruby Federal 9 /	30-025-40360
Ruby Federal 10 /	30-025-40507
Ruby Federal 11 /	30-025-40522
Ruby Federal 13 /	30-025-41009
Ruby Federal 14 /	30-025-41010
Ruby Federal 15 /	30-025-41011
Ruby Federal 16 /	30-025-41012
Ruby Federal 17 /	30-025-41013
Ruby Federal 18 /	30-025-41014
Ruby Federal 19 /	30-025-41015
Ruby Federal 20 /	30-025-40894
Ruby Federal 21 /	30-025-40895
Ruby Federal 25 /	30-025-41017
Ruby Federal 26 /	30-025-41651
Ruby Federal 27 /	30-025-41652
Ruby Federal 28 /	30-025-41018
Ruby Federal 29 /	30-025-41502
Ruby Federal 30 /	30-025-41503
Ruby Federal 37 /	30-025-41507
Ruby Federal 49 /	30-025-40505
Ruby Federal 51 /	30-025-41019
Ruby Federal 53 /	30-025-40223
Ruby Federal 55 /	30-025-40508
Ruby Federal 57 /	30-025-40657
Ruby Federal 59 /	30-025-41020
Mitchell B 10 /	30-025-00059
Mitchell B 11 /	30-025-00589
Mitchell B 15 /	30-025-08048
Mitchell B 20 /	30-025-27165