Form 3160-5 (June 2015) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			5. Le	FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No.	
SUNDRY NOTICES AND REPORTS ON WELLSMOCD Do not use this form for proposals to drill or to re-enter an bis abandoned well. Use form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name	
abandoned well. Use form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on page 2 I. Type of Well				7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well Gas Well Other				 Well Name and No. WAR HAMMER 25 FEDERAL COM W2 0021 	
2. Name of Operator CONOCOPHILLIPS COMPANY (Contact: RHONDA ROGERS E-Mail: rogerrs@conocophillips.com				PI Well No.)-025-42028	-
3a. Address 3b. Phone No. (include and code) P. O. BOX 51810 Ph: 432-688-9174 MIDLAND, TX 79710 Ph: 432-688-9174				 Field and Pool or Exploratory Area WC-025-G-09 S263225A;WOLF 	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State	
Sec 25 T26S R32E Mer NMP NENE 283FNL 125FEL				LEA COUNTY, NM	
12. CHECK THE A	PPROPRIATE BOX(ES) TO	INDICATE NATURE O	F NOTICE, REPO	ORT, OR OTH	IER DATA
TYPE OF SUBMISSION TYPE OF ACTION					
□ Notice of Intent	□ Acidize	Deepen	Production (St	art/Resume)	□ Water Shut-Off
Subsequent Report	□ Alter Casing	Hydraulic Fracturing	□ Reclamation		□ Well Integrity
	Casing Repair	□ New Construction	□ Recomplete		
☐ Final Abandonment Notice	 Change Plans Convert to Injection 	Plug and Abandon Plug Back	 Temporarily A Water Disposa 		
NDBOP & NUWH ATTACHED IS A CURRENT	3/8", 4.7#, L-80 TGB & SET @ WELLBORE SCHEMATIC.	U 12330 & 14 SLIMHOLE	SIDE POCKET M	ANDREL.	
			\bigcap	K	$\neg \land$
14. I hereby certify that the foregoing is true and correct. Electronic Submission #400111 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 01/10/2018 () Name (Printed/Typed) RHONDA ROGERS Title STAFF REGULATORY TECHNICIAN					
Name (Printed/Typed) RHOND/	A ROGERS		CCEPTED F	OR RECO	
Signature (Electronic	Submission) THIS SPACE FOR	Date 01/09/2			
			FEB	2018	
Approved By		Title		MA	Date
Conditions of approval, if any, are attach certify that the applicant holds legal or e which would entitle the applicant to conc	quitable title to those rights in the sub		CARLSBAD FI	ANAGE OFFICE	
Title 18 U.S.C. Section 1001 and Title 4. States any false, fictitious or fraudulent			willfully to make to a	ry department or	agency of the United
(Instructions on page 2) ** OPERA	TOR-SUBMITTED ** OPE	RATOR-SUBMITTED *	* OPERATOR-S	UBMITTED	** KZ

