

Order Number
 1408
 0329

API Number
 30-0225-39115

Operator
 ConocoPhillips EU

County
 Lea/Fed

Order Date
 2/10/09

Well Name
 Lockhart A-27

Number
 26

Location
 215

UL
 H

Sec
 27

R (+Dir)
 37e

Oil %
 48%

Gas %
 52%

Oil %
 25%

Gas %
 23%

Oil %
 27%

Gas %
 25%

Oil %
 23%

Gas %
 25%

Pool 1
 86660

Pool 2
 60240

Pool 3
 19190

Pool 4

Comments:
 7/20/09 posted dm

Submit 3 Copies to Appropriate District Office
 District I
 1625 N French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87401
 District IV
 100 S. St Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 June 19, 2008

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CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-39115
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name Lockhard A-27
8. Well Number # 26
9. OGRID Number 217817
10. Pool name or Wildcat Blinebry O&G Tubb O&G; Drinkard
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3397' GR

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
ConocoPhillips Company

3. Address of Operator
P.O. Box 51810 Midland, Tx 79710

4. Well Location
 Unit Letter H : 1650 feet from the North line and 330 feet from the East line
 Section 27 Township 21S Range 37E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input checked="" type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

B. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Per Order R-1163, ConocoPhillips intends to downhole comming the NM OCD Pre-Approved Pools: Blinebry O&G, Tubb O&G, and Drinkard.

The perforated intervals and allocations for each pool are as follows:

Blinebry	48% oil	41% water	52% gas	(6660)
Tubb	25% oil	29% water	23% gas	(60240)
Drinkard	27% oil	30% water	25% gas	(19190)

Per fs
 5262-5810
 5990-6182
 6452-6565

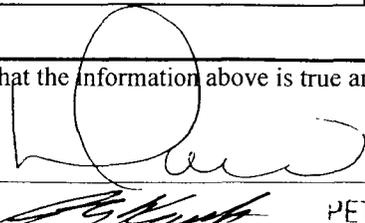
Commingling of these pools will not reduce the value of the total remaining production.
 The ownership working % between the intervals are identical.

DHC-HOB-~~0320~~
 0329

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE Donna.J.Williams@Conocophillips.com DATE 7/1/2009
 PETROLIUM ENGINEER **JUL 10 2009**

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires March 31, 2007

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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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit or CA/Agreement, Name and/or No
2 Name of Operator ConocoPhillips Company		8. Well Name and No Lockhart A-27 # 26
3a Address P.O. Box 51810 Midland, Tx 79710	3b Phone No (include area code) 432-688-6943	9 API Well No. 30-025-39115
4 Location of Well (Footage, Sec, T, R, M, or Survey Description) 1650 FNL & 330 FEL SENE of 27-21S-37E		10 Field and Pool, or Exploratory Area Tubb O&G; Drinkard Blinebry O&G
		11 County or Parish, State Lea County, NM

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 DHC
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recomplete 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 recompletion 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.)

Per Order R-1163, ConocoPhillips intends to downhole comming the NM OCD Pre-Approved Pools: Blinebry O&G, Tubb O&G, and Drinkard.

The perforated intervals and allocations for each pool are as follows:

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Tubb	25% oil	29% water	23% gas
Drinkard	27% oil	30% water	25% gas

Commingling of these pools will not reduce the value of the total remaining production. The ownership working % between the intervals are identical.

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

Name (Printed/Typed) Donna Williams	Title Sr. Regulatory Specialist
Signature 	Date 07/01/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by 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.	Title	Date
	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)

District I
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1000 Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised October 12, 2005
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies
 AMENDED REPORT

RECEIVED
JUL 10 2009
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WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-39115	² Pool Code 19190	³ Pool Name DRINKARD
⁴ Property Code 37641	⁵ Property Name LOCKHART A-27	
⁷ OGRID No. 217817	⁸ Operator Name CONOCOPHILLIPS COMPANY	⁶ Well Number # 26
		⁹ Elevation 3397 GR

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	27	21S	37E		1650	NORTH	330	EAST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

16					<p>¹⁷ OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>Signature: <i>Donna Williams</i> Date: 7/6/2009</p> <p>Printed Name: Donna Williams</p>
					<p>¹⁸ SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor</p>
					<p>Certificate Number</p>

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Form C-102
Revised October 12, 2005
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

RECEIVED
JUL 10 2009
HOBBSOCD

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-39115		² Pool Code 6660		³ Pool Name BLINEBRY O&G	
⁴ Property Code 37641		⁵ Property Name LOCKHART A-27		⁶ Well Number # 26	
⁷ OGRID No. 217817		⁸ Operator Name CONOCOPHILLIPS COMPANY		⁹ Elevation 3397 GR	

¹⁰ Surface Location

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	<p>¹⁸ SURVEYOR CERTIFICATION</p> <p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor</p>
	<p>Certificate Number</p>