

Order Number
HOB
0330

API Number
30-025-39050

County
Lea / Fed

Operator
Conoco Phillips Co

Well Name
Lockhart A-35

Location
215

Order Date
7/13/09

Number
5

UL
F

Sec
35

R (+Dir)
37e

Pool	Order Number	Well Name	Oil %	Gas %
Pool 1	06660	Blineby DAG L01D	55%	55%
Pool 2	60240	Tubb DAG L01D	20%	20%
Pool 3	19190	Drinkard	25%	25%
Pool 4				

Comments:
2/20/09 posted

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
20 S. St. Francis Dr., Santa Fe, NM 87505

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CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.
30-025-39050

5. Indicate Type of Lease
STATE FEE Fed

6. State Oil & Gas Lease No.
N/A

7. Lease Name or Unit Agreement Name
Lockhart A-35

8. Well Number # 5

9. OGRID Number 217817 /

10. Pool name or Wildcat
Tubb O&G; Drinkard Blinebry O&G

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 F : 1330 feet from the North line and 1650 feet from the West line
Section 35 Township 21S Range 37E NMPM Lea County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3381

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING MULTIPLE COMPL
DOWNHOLE COMMINGLE

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. P AND A
CASING/CEMENT JOB

OTHER:

OTHER:

13. 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 55% 56% oil 56% water 56% gas 55% 6060
Tubb 20% oil 42% water 20% gas 60240
Drinkard 25% oil 25% water 25% gas 19190

Perfs
5522-5707
6022-6200
6450-6540

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

DAC-HOB-0330

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

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

SIGNATURE

TITLE Sr. Regulatory Specialist

DATE 7/1/2009

Type or print name Donna Williams

Donna J. Williams

E-mail address: @Conocophillips.com PHONE: 432-688-6943

For State Use Only

APPROVED BY:

PETROLEUM ENGINEER

DATE JUL 13 2009

Conditions of Approval (if any):

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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		5. Lease Serial No. NM LC 032096A
2. Name of Operator ConocoPhillips Company		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 51810 Midland, Tx 79710	3b. Phone No (include area code) 432-688-6943	7. If Unit or CA/Agreement, Name and/or No
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1330 FNL & 1650 FWL SENW of 35-21S-37E		8. Well Name and No. Lockhart A-35 # 5
		9. API Well No. 30-025-39050
		10. Field and Pool, or Exploratory Area Tubb O&G; Drinkard Blinebry O
		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 commingling 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	56% oil	56% water	56% gas
Tubb	20% oil	42% water	20% gas
Drinkard	25% oil	25% 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.

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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 _____	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 USC Section 1001 and Title 43 USC 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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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

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-39050		² Pool Code 06660		³ Pool Name BLINEBRY O&G	
⁴ Property Code 37572		⁵ Property Name LOCKHART A-35			⁶ Well Number # 5
⁷ OGRID No. 217817		⁸ Operator Name CONOCOPHILLIPS COMPANY			⁹ Elevation 3381 GR

¹⁰ Surface Location

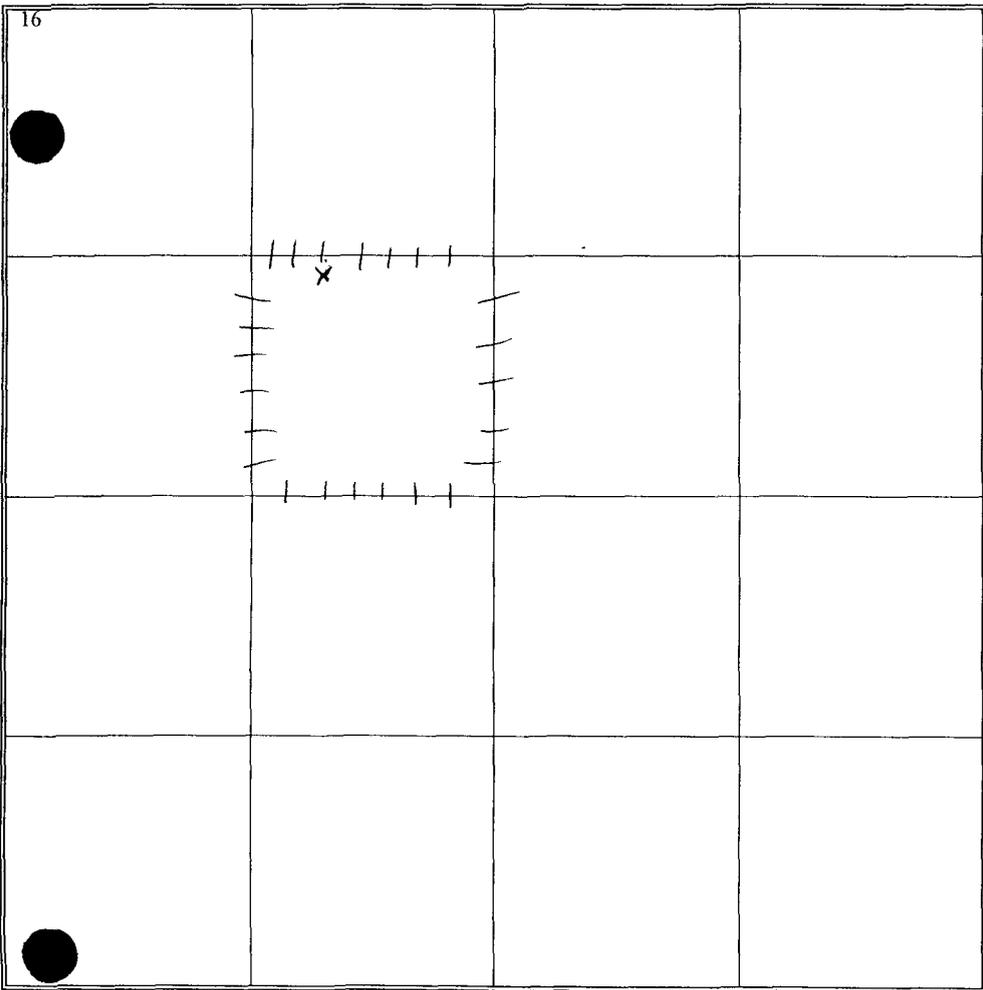
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	35	21S	37E		1330	NORTH	1650	WEST	LEA

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.



¹⁷ OPERATOR CERTIFICATION

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

Signature: *[Handwritten Signature]* Date: 7/6/2009

Printed Name: Donna Williams

¹⁸ SURVEYOR CERTIFICATION

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

Date of Survey: _____
Signature and Seal of Professional Surveyor: _____

Certificate Number: _____

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

Form C-102
Revised October 12, 2005
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-39050		² Pool Code 60240		³ Pool Name TUBB O&G	
⁴ Property Code 37572		⁵ Property Name LOCKHART A-35			⁶ Well Number # 5
⁷ OGRID No. 217817		⁸ Operator Name CONOCOPHILLIPS COMPANY			⁹ Elevation 3381 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
F	35	21S	37E		1330	NORTH	1650	WEST	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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<p>16</p>	<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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State of New Mexico

Minerals & Natural Resources Department

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Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

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AMENDED REPORT

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WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-39050		² Pool Code 19190		³ Pool Name DRINKARD	
⁴ Property Code 37572		⁵ Property Name LOCKHART A-35			⁶ Well Number # 5
⁷ OGRID No. 217817		⁸ Operator Name CONOCOPHILLIPS COMPANY			⁹ Elevation 3381 GR

¹⁰ Surface Location

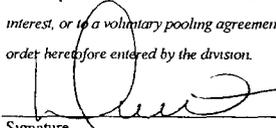
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F	35	21S	37E		1330	NORTH	1650	WEST	LEA

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

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<p>¹⁶</p>	<p>¹⁷ OPERATOR CERTIFICATION</p> <p><i>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.</i></p> <p>Signature:  Date: 7/6/2009</p> <p>Printed Name: Donna Williams</p>
	<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>