Approved by

August 1999)	UNITED STATES DEPARTMENT OF THE INTERIOR							OM	RM APPROVE B No. 1004-01 ires November	35		
		BUREAU OF LAND MANAGEMENT NDRY NOTICES AND REPORTS ON WE							5. Lease Serial No.			
			W	NMSF078410								
Do not use this form for proposals to drill or to re- abandoned well. Use Form 3160-3 (APD) for such pr					nter (1) (4) (5) (6) If Indian, Allottee or Tribe Name					Name		
SUBMIT I	N TRIPL	ICATE - Other inst	ructions o	n reverse s	ide	1 2000 E	~ ! }		-	Name and/or No.		
1. Type of Well		\	,,, ,,, ,,,	19	10, j	**************************************	NMNM78	3415	Α			
☐ Oil Well 🛛 Gas Well ☐ Other					'جرق	0,0	8. Well N		nd No. 9-5 UNIT	10P		
2. Name of Operator ConocoPhillips Company					Œ.		9. API W					
3a. Address 3b. Phone No.					Utren	and John	30-039-2					
5525 Highway 64 Farmington NM 87401 (505)599-3					07.00	a Calledon			ol, or Explora			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)									SAVERD	E		
2445 FSL 1170 FEL UL: I, Sec: 6, T: 29N, R: 5W							RIO AR					
			÷				NM					
12. CHE	CK APPF	ROPRIATE BOX(ES)	TO INDICA	TE NATUR	ΕO	F NOTICE,	REPORT, O	R OT	THER DAT	îA.		
TYPE OF SUBMISSION					E O	F ACTION						
		☐ Acidize	☐ Deepe	n		Production (St	art/ Resume)		Water Shut-0	Off		
☐ Notice of Intent		Alter Casing	Fractu	re Treat		Reclamation			Well Integrit	ty		
Subsequent Report		Casing Repair	☐ New (Construction		Recomplete		X	Other Spu	d Report		
☐ Final Abandonment Not	lotice	Change Plans		nd Abandon		Temporarily A						
		☐ Convert to Injection ☐ Plug Back ☐ Water Disposal										
If the proposal is to de Attach the Bond under following completion testing has been compl determined that the site	which the of the involuted. Final etis ready for	Operation (clearly state all pionally or recomplete horizon work will be performed or placed operations. If the opera Abandonment Notices shall or final inspection.)	ontally, give so provide the Bortion results in a l be filed only	absurface location and No. on file we amultiple comp after all requires	ons m ith B letion	neasured and tru LM/BIA. Requ n or recompletio	e vertical depth ired subsequen n in a new inte	ns of al t re p or rval, a	l pertinent ma ts shall be file Form 3160-4	arkers and zones ed within 30 day shall be filed on		
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14. I hereby certify that the Name (<i>Printed/Typed</i>	e foregoing l)	g is true and correct		Title								
Juanita Farrell					Regulatory Analyst							
Signature				Date					ACCEPTE	n end der		

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 NMOCD

05/12/2005

Title

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

MAY 2 4 2005

Date