State of New Mexico Energy, Minerals and Natural Resources Department

Susana Martinez Governor

Tony Delfin Acting Cabinet Secretary David R. Catanach, Division Director
Oil Conservation Division



New Mexico Oil Conservation Division approval and conditions listed below are made in accordance with OCD Rule 19.15.7.11 and are in addition to the actions approved by BLM on the following 3160-4 or 3160-5 form.

Operator S Well inform	ignature Date: 10/	/14/	16										
API WELL#	Well Name	Well #	Operator Name	Ту	pe Sta	County	Surf_Owner	UL	Sec	Twp	N/S	Rng	W/E
30-045-06704 I	HOLLOWAY FEDERAL	004	CONOCOPHILLIPS COMPANY	G	P	San Juan	F	G	7	27	N	11	W
	Recompleted to spudding of	te/l ion r ini	rilling/Casing DHC (For hydra control Guidance tiating recompleti grade marke	ulic #84 on c	frac 4; S	turing	operatio	ns	rev	iew	EF	Ά	е
Submit a	ns of Approva sundry with a C- oto of the marker	102	e using a current solace.	surv	ey f	or the	below gra	ade	e m	ark			
	Approved by Sign		<u>10/25/</u>	<u>16</u>									

RECEIVED

Form 3160-5 (August 2007)

1. Type of Well

2. Name of Oper

4. Location of V

3a. Address

Surface

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCT 13 20

FORM APPROVED 0

SF-078895

New Mexico

OMB	N	0.	10	04-	013	
Expire	s:	Ju	ly	31,	20	1

Farmington Field

5. Lease Serial No.

6. If Indian, Allottee or Tribe Name

San Juan

SUNDRY	NOTICES AND REPORTS ON WELLS Land Man
	form for proposals to drill or to re-enter an
	Use Form 3160-3 (APD) for such proposals.

Unit G (SWNE), 1650' FNL & 1650' FEL, Sec. 7, T27N, R11W

	for proposals to drill or to re-enter an form 3160-3 (APD) for such proposals.		
SUBMIT IN TRIPLICATE - Other ins	tructions on page 2.	7. If Unit of CA/Agreement, Name and/or No.	
pe of Well Oil Well X Gas Well Other		8. Well Name and No. Holloway Federal 4	
me of Operator		9. API Well No.	
ConocoPhillips Compa	any	30-045-06704	
ddress	3b. Phone No. (include area code)	10. Field and Pool or Exploratory Area	
PO Box 4289, Farmington, NM 87499	(505) 326-9700	Basin Dakota	
ocation of Well (Footage, Sec., T.,R.M., or Survey Description)		11. Country or Parish, State	

THE APPROPRIATE BOX(E	S) TO INDICATE NATURE	OF NOTICE, REPORT OR OTH	HER DATA			
PE OF SUBMISSION TYPE OF ACTION						
Acidize	Deepen	Production (Start/Resume)	Water Shut-Off			
Alter Casing	Fracture Treat	Reclamation	Well Integrity			
Casing Repair	New Construction	Recomplete	X Other			
Change Plans	X Plug and Abandon	Temporarily Abandon	Below Ground			
Convert to Injection	Plug Back	Water Disposal	P&A Marker			
	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	TYPE Acidize Deepen Alter Casing Fracture Treat Casing Repair New Construction Change Plans X Plug and Abandon Convert to Injection Plug Back	Acidize Deepen Production (Start/Resume) Alter Casing Fracture Treat Reclamation Casing Repair New Construction Recomplete Change Plans X Plug and Abandon Temporarily Abandon			

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.)

ConocoPhillips requests permission to set a below ground P&A marker for the subject well as it is located within the NAPI agricultural area.

> OIL CONS. DIV DIST. 3 OCT 2 1 2016

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)			
Dollie L. Busse	Title	Regulatory Technician	
Signature Millie & Busse	Date	10/13/2016	*
THIS SPACE FOR FEE	DERAL C	R STATE OFFICE USE	
Approved by			
AG Elmadani		Title PE	Date 10/14/16
Conditions of approval, if any, are attached. Approval of this notice does not warrant o	r certify		
that the applicant holds legal or equitable title to those rights in the subject lease which	Office CC17		
entitle the applicant to conduct operations thereon			·

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