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Form 3160-5
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

DEC 27 2016

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

Farmington Field Office
Bureau of Land Management

5. Lease Serial No. **NM-0546**
6. If Indian Allottee or Tribe Name

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 page 2.

1. Type of Well
 Oil Well Gas Well Other

7. If Unit of CA/Agreement, Name and/or No.

2. Name of Operator
ConocoPhillips Company

8. Well Name and No.
Maddox WN Federal 14

3a. Address
PO Box 4289, Farmington, NM 87499

3b. Phone No. (include area code)
(505) 326-9700

9. API Well No.
30-045-34086

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit P (SESE), 1017' FSL & 725' FEL, Sec. 12, T30N, R13W

10. Field and Pool or Exploratory Area
Basin Fruitland Coal

11. Country or Parish, State
San Juan, New Mexico

12. CHECK THE 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 MIT
	<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 recomplate 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 Company requests permission to perform an MIT on the subject well per the attached procedure and current wellbore schematic.

Notify NMOCD 24 hrs
prior to beginning
operations

OIL CONS. DIV DIST. 3

DEC 30 2016

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
Crystal Walker

Title
Regulatory Coordinator

Signature *Crystal Walker*

Date **12/27/2016**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by
AG Elmodani

Title **PE** Date **12/28/16**

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 **FFO**

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.

(Instruction on page 2)

NMOCD AV

3

ConocoPhillips
MADDOX WN FEDERAL 14
Expense - MIT

Lat 36° 49' 22.8" N

Long 108° 8' 57.84" W

PROCEDURE

1. Hold pre-job safety meeting. Comply with all NMOCD, BLM, and COP safety and environmental regulations.
2. Check casing, and bradenhead pressures and record them in WellView. If there is pressure on the BH, contact Wells Engineer.
3. Tie onto casing valve and load 4-1/2" casing with 2 % KCI water & corrosion inhibitor, as necessary. Perform MIT (Mechanical Integrity Test) above the bridge plug at 1838' to 560 psig for 30 minutes on a 2 hour chart with 1000 lb. spring. If the test passes, SI the well. RD pump truck and MOL. If the test fails, contact the Rig Superintendent and Wells Engineer.

Well Name: **MADDOX WN FEDERAL #14**

API / UWI 3004534086	Surface Legal Location 012-030N-013W-P	Field Name NEW MEXICO-WEST	License No.	State/Province NEW MEXICO	Well Configuration Type Vertical
Ground Elevation (ft) 5,852.00	Original KB/RT Elevation (ft) 5,863.00	KB-Ground Distance (ft) 11.00	KB-Casing Flange Distance (ft)	KB-Tubing Hanger Distance (ft)	

Vertical - Original Hole, 12/9/2016 1:00:36 PM

