

N.M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 88240

Form 3 160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

CONOCOPHILLIPS CO.

3. Address and Telephone No.

4001 PENBROOK, ODESSA, TX 79762 (915) 368-1371

4. Location of Well (Footage, Sec., T. R. M. or Survey Description)

2520' FSL & 2600' FWL, SEC. 27, T-20S, R38E, K

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Warren Unit B/T #312

9. API Well No.

30-025-35809

10. Field and Pool, or Exploratory Area

Warren Unit B/T Oil & Gas

11. County or Parish, State

Lea, New Mexico

**CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION

☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

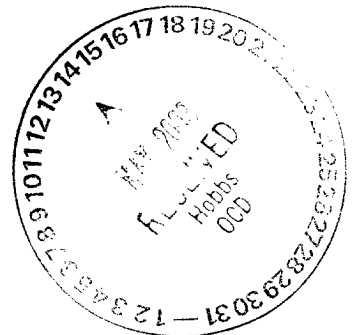
☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other

☒ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

ConocoPhillips Company request cancellation of the Drilling Permit for this well.



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

Signed

*Kristy S. Ward*

Title

Kristy S. Ward

Regulatory Assistant

Date

3/27/03

(This space for Federal or State office use)

Approved by

*(ORIG. SCD) JOE G. LARA*

Title

*Regulatory Assistant*

Date

5/9/03

Conditions of approval if any:

BLM(6), NMOC(4), SHEAR, PROD ACCTG, COST ASST, FIELD, FILE ROOM

Title 18 U.S.C. Section 1001, makes 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.

\*See Instruction on Reverse Side