

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.

HOBBS OCD

APR 30 2013

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

RECEIVED

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC058697B
2. Name of Operator CONOCOPHILLIPS COMPANY Contact: RHONDA ROGERS E-Mail: rogerr@conocophillips.com		6. If Indian, Allottee or Tribe Name
3a. Address 3300 N "A" ST BLDG 6 MIDLAND, TX 79705	3b. Phone No. (include area code) Ph: 432-688-9171 Fx: 432-688-6019	7. If Unit or CA/Agreement, Name and/or No. 8920003410
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 25 T17S R32E SENE 2622FNL 662FEL		8. Well Name and No. MCA UNIT 391
		9. API Well No. 30-025-38853-00-S1
		10. Field and Pool, or Exploratory MALJAMAR
		11. County or Parish, and 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 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 checked="" 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 Workover Operations
	<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 recompleat 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

record clean-up

4/14/11 MIRU pulled down hole equip. RIH w/bit & scrapper to 4276', POOH. Clean out fill.
4/22/11 perfed well @ 4418-4426' w/3.5"HSD @ 3 spf. Pumped 26 bbls 15% NEFE & flushed w/30 bbls
10# brine. Pressured up on SA perfs @ 4418-4426' to 3000# and would not take fluids 2 4200#
started taking fluid.

4/29/11 Pumped 1000 Gals 15% NEFE HCL acid & flush w/35 bbls 10# brine.

5/3/11 RIH w/CIBP & set @ 4100', test CIBP - held. PT csg to 550#/30 mins - good test. Circ well
w/90 bbls of inhibited biocide treated w/FW. NDBOP & NUWH.

Leave well shut in to evaluate future pentential, oil or injection or P&A.

Return well to production or submit plans for plugging 60 days.

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

Electronic Submission #205133 verified by the BLM Well Information System

For CONOCOPHILLIPS COMPANY, sent to the Hobbs

Committed to AFMSS for processing by JOHNNY DICKERSON on 04/24/2013 (09KMS0751S)

Name (Printed/Typed) RHONDA ROGERS	Title STAFF REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 04/23/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By ACCEPTED	JAMES A AMOS Title SUPERVISORY EPS	Date 04/28/2013
-----------------------------	---------------------------------------	-----------------

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 Hobbs

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.

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

MAY 20 2013

Chm