

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000**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 reverse side.**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMSF078316E
2. Name of Operator CONOCOPHILLIPS COMPANY		6. If Indian, Allottee or Tribe Name
3a. Address P O BOX 2197 WL 6106 HOUSTON, TX 77252		7. If Unit or CA/Agreement, Name and/or No. NMNM73306
3b. Phone No. (include area code) Ph: 832.486.2326 Fx: 832.486.2764		8. Well Name and No. WALKER COM LS 2A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 32 T31N R9W SWSE 1140FSL 1640FEL 36.85052 N Lat, 107.80012 W Lon		9. API Well No. 30-045-22529-00-S1
		10. Field and Pool, or Exploratory BASIN FRUITLAND COAL BLANCO MESAVERDE
		11. County or Parish, and State SAN JUAN COUNTY, NM

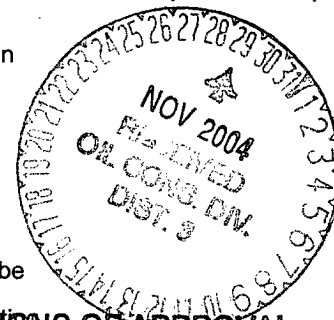
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<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 recompleate 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 recompleation 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.)

ConocoPhillips requests approval to recompleate this well and downhole commingle in the Basin Fruitland Coal and Blanco Mesaverde pools. Our procedure is as follows:
Ensure that well is shut in, energy isolated, locked and tagged out; Cathodic protection disconnected.

1. Notify Operator, Matt Savage 505 320-9571.
2. Prepare Location. Test anchors to 10,000 lbs.
3. Hold Safety Meeting.
4. MI & RU WO rig.
5. This well is a Category 2/Class 2 designation. Thus, two untested or one tested barrier will be needed to kill the well. Kill the well with FSW and sting in with a BPV.
6. ND wellhead and NU BOPE. (Refer to COPC well control manual, Sec 6.13 for pressure testing)

**CONDITIONS OF APPROVAL**

Adhere to previously issued stipulations.

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #50259 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Farmington Committed to AFMSS for processing by MATTHEW HALBERT on 11/18/2004 (05MXH0117SE)	
Name (Printed/Typed) DEBORAH MARBERRY	Title SUBMITTING CONTACT
Signature (Electronic Submission)	Date 10/21/2004

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By	Title Petr. Eng	Date 11/22/04
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

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 ****

***Additional data for EC transaction #50259 that would not fit on the form**

32. Additional remarks, continued

procedure).

7. Remove BPV and stab landing joint. POOH w/ tbg. Inspect/drift tubing and replace any bad joints.

8. RIH with composite plug and set in 4-1/2" 10.5# production liner at 3350'. Dump 50' of sand on top of the composite plug.

9. Load well with 2% KCl.

10. Pressure-test the composite plug/casing to 500 lbs.

11. Run TDT log from composite plug to at least 2000', GR to surface (Send log to Houston for selection of perf interval). Run a CBL log from composite plug to 100' feet above TOC, be prepared to pressure-up for micro-annulus effects (estimated top of cement is at 2250'). Send log to Houston for evaluation. If a squeeze is necessary, this procedure will be amended.

12. PU treating packer and ConocoPhillips 4-1/2" frac string, RIH and set at 50' above top proposed perf.

13. Pressure-test the composite plug and frac string to 90% allowable documented burst pressure.

14. Perforate proposed interval.

15. Fracture stimulate according to Completion Engineer's procedure.

16. Release packer & 4-1/2" frac string and POOH.

17. RIH with 2-3/8" production tubing, 1.81" f-nipple, & expendable-check and cleanout to composite plug.

18. Flowback and run C-104 test (submitted to Tomberlin, RE, and Debbie Marberry, in the Houston office),

19. Pull tubing assembly out of the hole.

20. RIH with tubing & mill and cleanout to PBTD.

21. RIH with production string, 1.81" f-nipple, and expendable-check on bottom and land at 4750'.

Drift tubing according to Ron Bishop's procedure (included at the end of the procedure).

22. Install BPV. ND BOPE and NU wellhead. Remove BPV. Flow to flow-back tank. If necessary, swab the well to kick-off prior to moving the WO rig. Call operator (Matt Savage 505 320-9571) upon completion of work. If well was on plunger, ensure the plunger will trip once before rigging down.

23. RD MO rig. NOTIFY regulatory (Patsey or Yolanda or Deb) that work completed.

24. Turn well over to production

Attached is the downhole commingle application submitted to the NMOCD.

District I
1625 W. French Drive, Hobbs, NM 88240

District II
1301 W. Grand Avenue, Artesia, NM 88210

District III
1000 Rio Grande Road, Aztec, NM 87410

District IV
1228 E. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

Form C-107A
Revised June 10, 2003

APPLICATION TYPE
____ Single Well
____ Establish Pre-Approved Pools
EXISTING WELLBORE
____ Yes ____ No

APPLICATION FOR DOWNHOLE COMMINGLING

CONOCOPHILLIPS CO.

P.O. BOX 2197 WL3 6108 HOUSTON, TX 77252

Operator Address
WALKER COM LS 2A O Sec: 32 Twn: 31N Rng: 9W SAN JUAN
Lease Well No. Unit Letter-Section-Township-Range County
OGRID No. 217817 Property Code 31747 API No. 30-045-22529 Lease Type: ☒ Federal ____ State ____ Fed

DATA ELEMENT	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
Pool Name	BASIN FRUITLAND COAL		BLANCO MESAVERDE
Pool Code	71629		72319
Top and Bottom of Pay Section (Perforated or Open-Hole Interval)	3868 - 4232		4596 - 5624
Method of Production (Flowing or Artificial Lift)	expected to flow		flowing
Bottomhole Pressure (Note: Pressure data will not be required if the bottom perforation in the lower zone is within 150% of the depth of the top perforation in the upper zone)	350		350
Oil Gravity or Gas BTU (Degree API or Gas BTU)	900		1150
Producing, Shut-In or New Zone	new zone		producing
Date and Oil/Gas/Water Rates of Last Production. (Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data.)	Date: / /2004 Rates: NA	Date: Rates:	Date: 09/24/2004 Rates: 150 mcf/d
Fixed Allocation Percentage (Note: If allocation is based upon something other than current or past production, supporting data or explanation will be required.)	Oil Gas subtract % attached %	Oil Gas % %	Oil Gas subtract % attached %

ADDITIONAL DATA

Are all working, royalty and overriding royalty interests identical in all commingled zones? Yes ____ No ☒ X
If not, have all working, royalty and overriding royalty interest owners been notified by certified mail? 10/11/04 Yes ☒ X No ____
Are all produced fluids from all commingled zones compatible with each other? Yes ☒ X No ____
Will commingling decrease the value of production? Yes ____ No ☒ X
If this well is on, or communitized with, state or federal lands, has either the Commissioner of Public Lands
or the United States Bureau of Land Management been notified in writing of this application? Yes ☒ X No ____
NMOCD Reference Case No. applicable to this well: _____

Attachments:

C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
Production curve for each zone for at least one year. (If not available, attach explanation.)
For zones with no production history, estimated production rates and supporting data.
Data to support allocation method or formula.
Notification list of working, royalty and overriding royalty interests for uncommon interest cases.
Any additional statements, data or documents required to support commingling.

PRE-APPROVED POOLS

If application is to establish Pre-Approved Pools, the following additional information will be required:

List of other orders approving downhole commingling within the proposed Pre-Approved Pools
List of all operators within the proposed Pre-Approved Pools
Proof that all operators within the proposed Pre-Approved Pools were provided notice of this application.
Bottomhole pressure data.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Deborah Marberry TITLE REGULATORY ANALYST DATE 09/21/2004

TYPE OR PRINT NAME DEBORAH MARBERRY TELEPHONE NO. () (832) 486-2326

E-MAIL ADDRESS deborah.marberry@conocophillips.com

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

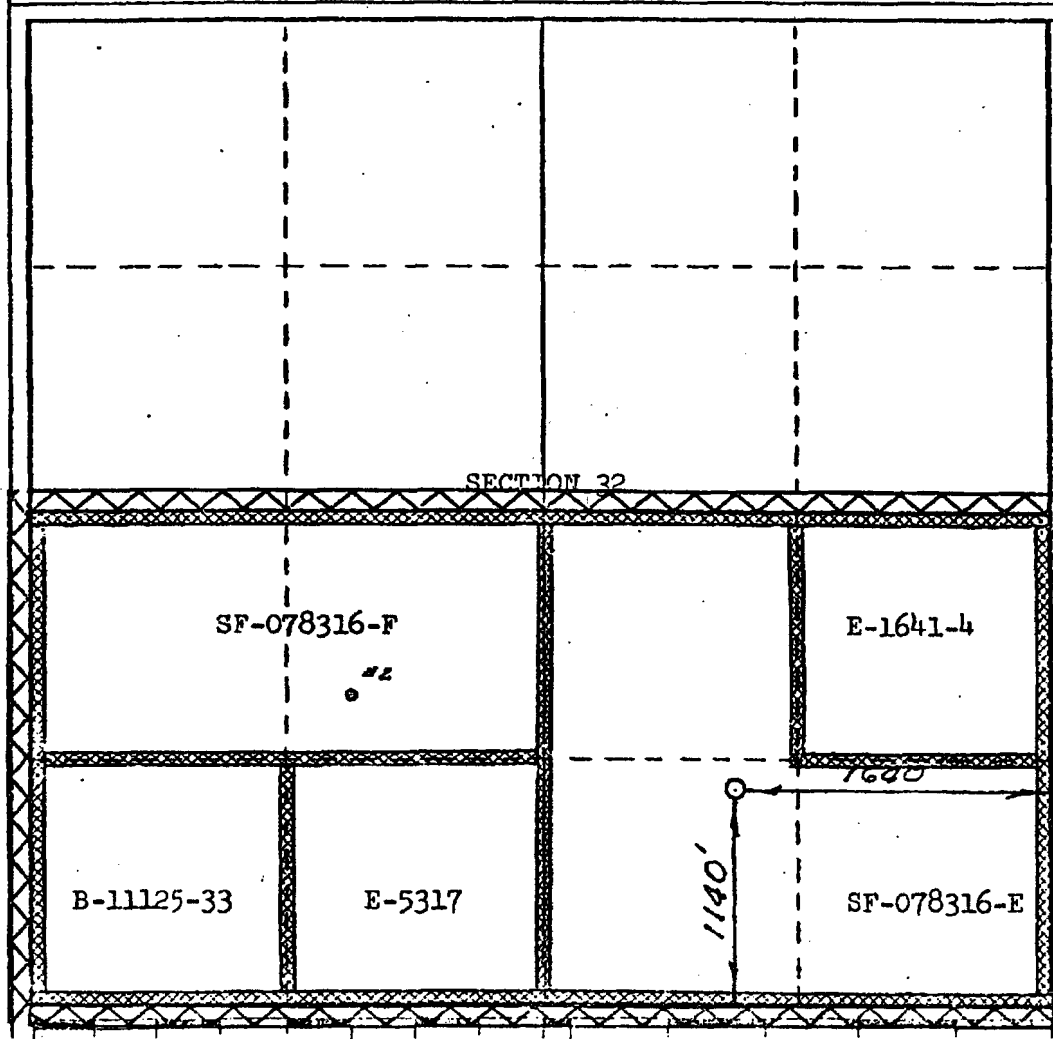
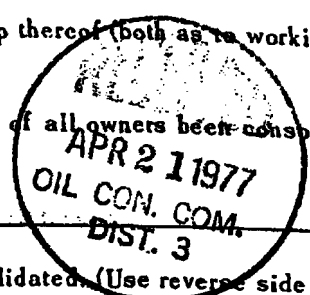
Operator EL PASO NATURAL GAS COMPANY			Lease WALKER COM. (SF-078316-E)		Well No. 2A
Unit Letter 0	Section 32	Township 31-N	Range 9-W	County SAN JUAN	
Actual Footage Location of Well: 1140 feet from the SOUTH line and 1640 feet from the EAST line					
Ground Level Elev. 6298	Producing Formation MESA VERDE		Pool BLANCO MESA VERDE ✓		Dedicated Acreage: 319.05 ✓ Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Original Signed by _____

D. C. Brisco

Name	_____
Position	_____
Company	_____
Date	_____

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed	APRIL 12, 1977
Registered Professional Engineer and/or Land Surveyor	_____
Certificate No.	1760

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised June 10, 2003
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-045-22529		Pool Code 7162	Pool Name BASIN FRUITLAND COAL
Property Code 31747	Property Name WALKER COM LS		Well Number 2A
OGRID No. 217817	Operator Name CONOCOPHILLIPS CO.		Elevation 6298 GR

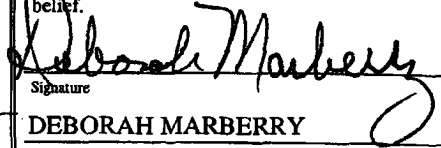
¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
O	32	31N	9W		1140	SOUTH	1640	EAST	SAN JUAN

¹¹Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres 319.05		Joint or Infill		Consolidation Code		Order No.			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16					17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature DEBORAH MARBERRY Printed Name REGULATORY ANALYST deborah.marberry@conocophillips.com Title and E-mail Address 10/07/2004 Date
					18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: Certificate Number

1140'

1640'