Form 3160-5 (June 2015) UNITED STATES DEPARTMENT OF THE INTEROPTISDED FIELD BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter and Do not use this form for proposals to drill or to re-enter and abandoned well. Use form 3160-3 (APD) for such proposals DBS					FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018	
	TRIPLICATE - Other instr			2 3 2018	7. If Unit or CA/Agree	
1. Type of Well					8. Well Name and No.	
🗖 Oil Well 🔲 Gas Well 🛛 Oth			REC	EIVE	MCA UNIT 380	
2. Name of Operator CONOCOPHILLIPS COMPAN	Contact: F NY E-Mail: rogerrs@co	RHONDA RO	GERS		9. API Well No. 30-025-30337	
3a. Address P. O. BOX 51810 MIDLAND, TX 79710	(include area code) 10. Field and Pool or Exploratory Area MALJAMAR			Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State		
Sec 28 T17S R32E Mer NMP NWNE 766FNL 1874FEL				LEA COUNTY, NM		
12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	Acidize	Deep	Deepen		tion (Start/Resume)	□ Water Shut-Off
_	Alter Casing		raulic Fracturing	Reclam	ation	U Well Integrity
Subsequent Report	Casing Repair	□ New Construction		Recomplete		□ Other
Final Abandonment Notice	Change Plans	Plug	Plug and Abandon 🛛 🛛 🛪		rarily Abandon	
	Convert to Injection	D Plug	ug Back 🔲 Water		Disposal	
 Describe Proposed or Completed Op If the proposal is to deepen direction. Attach the Bond under which the wo following completion of the involved testing has been completed. Final Al determined that the site is ready for f CONOCOPHILLIPS COMPAN F/OCT,2018 TO OCT,2019. 	ally or recomplete horizontally, g rk will be performed or provide t l operations. If the operation rest pandonment Notices must be file inal inspection.	give subsurface he Bond No. or ults in a multipl d only after all	locations and measu file with BLM/BIA e completion or reco requirements, includ	red and true vi Required su mpletion in a ing reclamatio	ertical depths of all pertin bsequent reports must be new interval, a Form 316 n, have been completed a	ent markers and zones. filed within 30 days 0-4 must be filed once nd the operator has
14. I hereby certify that the foregoing is	true and correct					
14. Thereby certify that the foregoing is	Electronic Submission #4	HILLIPS CO	IPANY, sent to t	he Hobbs		
Name (Printed/Typed) RHONDA ROGERS			Title STAFF REGULATORY TECHNICIAN			
Signature (Electronic Submission)			Date 04/24/2018			
	THIS SPACE FO	R FEDERA			SE	
Approved By /s/ Jonathon Shepard			Title PE			Date 05/10/2012
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 CFC)		Date 03/10/7010
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent				willfully to m	ake to any department or	agency of the United
(Instructions on page 2) ** OPERAT	OR-SUBMITTED ** OF	PERATOR-	SUBMITTED **	* OPERAT	OR-SUBMITTED	**

Accepted for Record Only MAS/00D 5/29/2018