

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

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 Oil Well Gas Well Other

2. Name of Operator
ConocoPhillips Company

3a. Address 3b. Phone No. (include area code)
3300 N. "A" Street, Bldg. 6 #243 Midland TX 79705-5402 (409) 688-6818

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
UL "N", Sec. 13, T-20S, R37E

5. Lease Serial No.
NM 0557686

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
North Skaggs WF Injection Station

9. API Well No.

10. Field and Pool, or Exploratory Area

11. County or Parish, State
Lea
New Mexico

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 Remediate
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Location
	<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 shall 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 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.)

North Skaggs Water Flood Injection Station (No API number due to this is a Water Flood Injection Station)

Remediate spill affected area.
Remove contaminated soil and dispose at Conoco approved disposal site.
Replace with new caliche rock.
Spill area was confined on Bollevy location. Clean up contaminated soil around tanks and location.
Dispose of contaminated rock and base and replace with clean 1" rock and base course level.
Grade and compact in place.
Remeation completed on 12/4/07.

RECEIVED
SEP 08 2009
HOBBSOCD

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

Gay Thomas

Title Regulatory Technician

Signature

Gay Thomas

Date 04/10/2008

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

Title

Office

Date SEP 1 2009

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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.

(Instructions on page 2)

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

State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-141
Revised October 10, 2003

Submit 2 Copies to appropriate
District Office in accordance
with Rule 116 on back
side of form

Release Notification and Corrective Action

OPERATOR Initial Report Final Report

Name of Company ConocoPhillips Company	Contact Jesse A. Sosa
Address 3300 N. "A" St., Bldg. 6 #247 Midland, TX 79705-5	Telephone No. (505)391-3126
Facility Name North Skaggs WF Injection Station	Facility Type Injection Gathering Site
Surface Owner BLM	Mineral Owner BLM
Lease No. NM 0557686	

LOCATION OF RELEASE

Unit Letter	Section	Township	Range	Feet from the	North/South Line	Feet from the	East/West Line	County
N	13	20S	37E					Lea

Latitude 32 34.060 Longitude 103 12.435

NATURE OF RELEASE

Type of Release Produced Water	Volume of Release 37	Volume Recovered 30
Source of Release Tank Overflow	Date and Hour of Occurrence 11/29/07 12:30 pm	Hour of Discovery 11/29/07
Was Immediate Notice Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	If YES, To Whom? NMOCD (P. Richards) & BLM (T. BadBear)	
By Whom? Jesse Sosa	Date and Hour 11/29/2007 3:33 pm	
Was a Watercourse Reached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse.	

If a Watercourse was Impacted, Describe Fully.*

Describe Cause of Problem and Remedial Action Taken.*

Tank overflowed due to level controller failure. Controller was repaired to shut in flow to tank. Headswitches to be gone through and repaired.

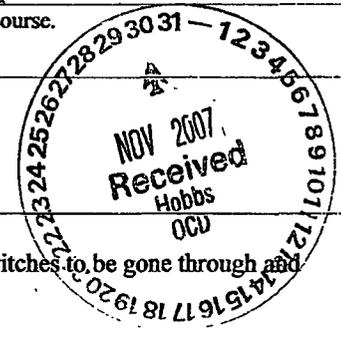
Describe Area Affected and Cleanup Action Taken.*

Affected area was 40' X 200' on caliche pad and location. Will remediate in place according to NMOCD and BLM recommendations. REGULATIONS

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.

Signature: <i>Jesse A. Sosa</i>	OIL CONSERVATION DIVISION	
Printed Name: Jesse A. Sosa	<i>J. Johnson</i> Approved by District Supervisor ENVIRONMENTAL ENGINEER	
Title: HSER Lead	Approval Date: 11.4.07	Expiration Date: 1.25.08
E-mail Address: Jesse.A.Sosa@conocophillips.com	Conditions of Approval:	Attached <input type="checkbox"/>
Date: 11/30/2007 Phone: (505)391-3126	SUBMIT DELINEATION & CLOSURE PLAN BU	

* Attach Additional Sheets If Necessary



RP# 1670