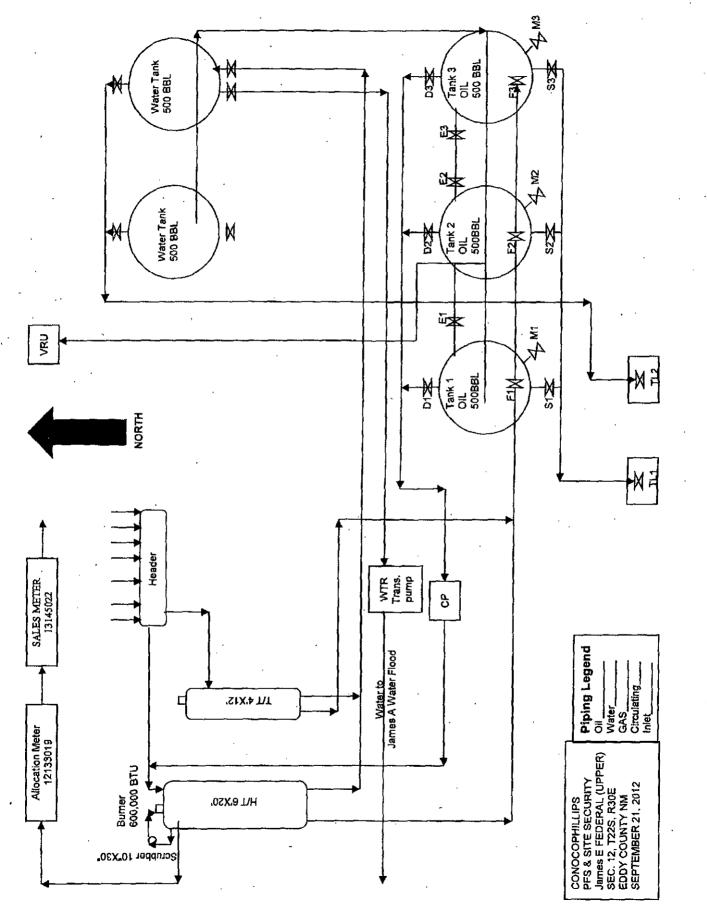
| Expression 34, 2010 SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. 5. Lesse Serial No. NMINMOd79142 SUBMIT IN TRIPLICATE - Other instructions on reverse side. 7. If Unit or CA/Agreement, Name and/or No. JAMES E FEDERAL 4 2. Name of Operator. CONNOCOPHILLIPS COMPANY E-Mail: rogers@connecophilips.com 30-015-26371-00-S1 3. Address 3b. Phone No. (include area code) Ph: 432-686-9174. 9. API well No. 30-015-26371-00-S1 3. Address 3b. Phone No. (include area code) Ph: 432-686-9174. 10. Freid and Pool, or Exploratory CABIN LAKE Milling Country, NM It Subsequent Report Sec 11 T22S R30E NENE 760FNL 330FEL ID Production (Start/Resume) Well Integrity Well and Pool or Exploratory CABIN LAKE Subsequent Report Gasing Repair Notice of Intent Integration of Well Gasing Repair Decem Production (Start/Resume) Well Site Sec 11 T22S R30E NENE 760FNL 330FEL Interver to all be fild only represed or Completed Operatin: Cleary starte all periment deals: including | (August 2007) | DF | UNITED STATE | | NMO Artes | | OMB N | APPROVED IO. 1004-0135 |
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| | Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. | | | | | | | |
| | ડા | IBMIT IN TRII | PLICATE - Other instru | ctions on re | verse side. | <u></u> | 7. If Unit or CA/Agre | cement, Name and/or No. |
| CONOCOPHILLIPS COMPANY E-Mait: rogenergiconcophilips.com 30-0152371-00-51 Ja: Address Ib: Probability Company Ib: Probability Company 10 MIDLAND, TX 79710 1810 II: Company or Pands, and State 4. Location of Weil (Ph: 432-638-917.4. II: Company or Pands, and State Sec 11 722S R30E NENE 760FNL 330FEL II: Company or Pands, and State II: Company or Pands, and State EDDY COUNTY, NM II: Company or Pands, and State EDDY COUNTY, NM II: Company or Pands, and State EDDY COUNTY, NM II: Company or Pands, and State EDDY COUNTY, NM II: Company or Pands, and State EDDY COUNTY, NM II: Company or Pands, and State EDDY COUNTY, NM II: Company or Pands, and State EDDY COUNTY, NM II: Company or Pands, and State EDDY COUNTY, NM II: Company or Pands, and State EDDY COUNTY, NM II: Describe Proposel or Complete State Office Provide the find and on Interporting Advection (Stater/Veent Period One) II: Describe Proposel or Complete Operation (Clearly state I period Charly state I | 🛿 Oil Well 🔲 C | ias Well 🔲 Oth | cr | | | | JAMES E FEDER | |
| MIDLAND, TX 79710 1810 Ph: 432-698-9174. CABIN LAKE 4. Location of Well (formage, Sec. 7, it. M. or Survey Description) Sec 11 722S R30E NEN 2760FNL 330FEL II. County or Parish, and State 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION IVPE OF ACTION 28. Notice of Intent Actidize Despen Production (Start/Resume) Water Shut-Off 39. Notice of Intent Actidize Despen Production (Start/Resume) Water Shut-Off 30. Subsequent Report Chaing Repair New Construction Rechanation Well Integrity 31. Describe Proposed or Completed Operations. If the operation deutils, including estimated starting date of any proposed well and provide markers and provide provide and provide the advect and approximate duration thereof. Notice completed or removel by Defension or provide by Back Water Disposal Notice Completed or removel by Defension or provide by Back Water Disposal Notice Completed or removel by Defension and the advect and approximate duration thereof. Notice Completed or removel by Defension or provide by Back Water Disposal Notice Completed or removel by Defension or recompleted on a completed on recompleted | Name of Operator, CONOCOPHILL | IPS COMPAN | | | | | | 00-S1 |
| Sec 11 T22S R30E NENE 760FNL 330FEL EDDY COUNTY, NM I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION I.3. Describe Proposed or Complete Orthoge Plans I.2. Convert to Injection Convert to | MIDLAND, TX 7 | | · | Ph: 432-6 | o, (include area code 38-9174 , | .) | CABIN LAKE | |
| TYPE OF SUBMISSION TYPE OF ACTION Image: Subsequent Report Acidize Deepen Production (Start/Resume) Water Shut-Off Image: Subsequent Report Casing Repair New Construction Reclamation Well Integrity Image: Subsequent Report Change Plans Plag and Abandon Reclamation Well Integrity Image: Subsequent Report Change Plans Plag and Abandon Recomplete Image: Subsequent Report Image: Subsequent Report Change Plans Plag and Abandon Recomplete Image: Subsequent Report Image: Subsequent Report Change Plans Plag and Abandon Recomplete Image: Subsequent Report Image: Subsequent Report Change Plans Plag and Abandon Temportarily Abandon Image: Subsequent Report Image: Subsequent Report Change Plans Plag and Abandon Temportarily Abandon Image: Subsequent Report Image: Subsequent Report Change Plans Plag and Abandon Temportarily Abandon Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Subsequent Report Subsequent Report Subsequent Report Image: Subset Subset Subsequent Report Subsequent R | | | | 9) | | | | |
| Available field only after all registered to react the source of th | 12. (| HECK APPR | OPRIATE BOX(ES) T | 0 INDICATI | ENATURE OF | NOTICE, R | EPORT, OR OTHE | R DATA |
| Notice of Intent Alter Casing And Casing Report C | TYPE OF SUBM | IISSION | | | ΤΥΡΕ Ο | F ACTION | | · . |
| Subsequent Report Final Abandonment Notice Casing Repair Change Plans Control Completed Operation (Carefy State all Perintent details, including estimated starting date of any proposed work and approximate duration thereof. The proposed or Completed Operation (Carefy State all Perintent details, including estimated starting date of any proposed work and approximate duration thereof. The proposed or Completed Operation (Carefy State all Perintent details, including estimated starting date of any proposed work and approximate duration thereof. The proposed or Completed Operation (Carefy State all Perintent details, including estimated starting date of any proposed work and approximate duration thereof. The proposed or Completed Operations. If the operation results in a multiple completion on recompleted in a new interval, a form 31604 shall be filed within 30 days. Following completion of the involved operations. If the operation results in a multiple completion on recompleted in a new interval, a form 31604 shall be filed within 30 days. Following completion of the involved operations. If the operation results in a multiple completion on recompleted in a new interval, a form 31604 shall be filed within 30 days. Following completion of the involved operation is a start shall be filed within 30 days. Following completion of the involved operation is an evaluation theorements, including reclamation, have been completed. And the site is ready for final inspection. ConcocPhillips Company would like to flare/vent because DCP maintenance at Cabin Lake. Event through January 24, 2016. Attached is a site of wells Attached is a site of wells Committed to AFMSS for processing by JENMFER SANCHEZ on 19/29/2015 (fbJAS080415E) Name (Printed/Typed) RHONDA ROGERS This SPACE FOR FEDERAL OR STATE OFFICE USE Name (Printed/Typed) RHONDA ROGERS This SPACE FOR FEDERAL OR STATE OFFICE USE Name (Printed/Typed) RHONDA ROGERS This SPACE FOR FEDERAL OR STATE OFFICE USE Nov Approved By Optimum distributions for any person knowingly and w | Notice of Inten | | | - | — | | • • | Water Shut-Off Well Integrity |
| | 🗖 Subsequent Rep | oort | | - | | — | | 🔀 Other |
| 13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. 14. The proposal is to deepen directionality or recomplete horizontially, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the bond moder which the work will be performed or provide the Ebaok No. on file will BL/MBIA. Required Subsequent reports shall be file dot over testing has been completed, and the operation is unavoired performed or provide the Ebaok No. on file will BL/MBIA. Required Subsequent reports shall be file dot over testing has been completed, and the operator has the esting has been completed. The operator has the esting has been completed in a new interval, a Form 3160-4 shall be file dot over testing has been completed. The operator has the esting has been completed in a new interval, a Form 3160-4 shall be file dot over testing has been completed. The operator has the estimated that the site is ready for final impection. 2. ConcocPhillips Company would like to flare/vent because DCP maintenance at Cabin Lake. Event through January 24, 2016. Attached is a site of wells Attached is a site of wells Attached is a site of agram 2. Completed for recorrect. 2. Now 19 2015 3. SEE ATTACHED FOR CONDITIONS OF APPROVAEL 3. Nov 1 9 2015 3. SEE ATTACHED FOR CONDITIONS OF APPROVAEL 3. Nov 1 9 2015 3. Second of the flore operator is the state of the | 🗋 Final Abandonr | nent Notice | | | - | | - | |
| Attached is a site diagram SEE ATTACHED FOR CONDITIONS OF APPROVAL I4. 1 hereby certify that the foregoing is true and correct. Electronic Submission #321389 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Carlsbad Committed to AFMSS for processing by JENNFER SANHEZ on 1002/2015 (KJAS0841SE) Name (Printed/Typed) RHONDA ROGERS Title STAFF REGULATORY TECHNICIAN Signature (Electronic Submission) Date 10/20/2015 THIS SPACE FOR FEDERAL OR STATE OFFICE USE NOV Approved By Ornitions of approval, if any, are attached. Approval of this notice does not warrant or ornitions of approval, if any, are attached. Approval of this notice does not warrant or ornitions of approval, if any, are attached. Approval of this notice does not warrant or Ornitions of approval, if any, are attached. Approval of this notice does not warrant or Ornitions of approval, if any, are attached. Approval of this notice does not warrant or Ornitions of approval, if any, are attached. Approval of this notice does not warrant or Ornitions of approval, if any, cre attached. Approval of this notice does not warrant or Ornitions of approval, if any, cre attached. Approval of this notice does not warrant or Ornitions of approval, if any, cre attached. Approval of this notice does not warrant or Ornitions of approval, if any, cre attached. Approval of this notice does not warrant or Ornitions of approval, if any, cre attached. Approval of this notice does not warrant or Ornitions of approval, if any, cre attached. Approval of this notice does not warrant or Ornitions of approval, if any, cre attached. Approval of this notice does not warrant or Ornitions of approval, if any, cre attached. Approval of this notice does not warrant or Ornitions of approval, if any, cre attached. Approval of this notice does not warrant or Ornitions of approval, if any, cre attached. Approval of this notice does not warrant or Ornitions of approval, if any, cre attached. Approval of this notice does not warrant or Ornitions of approv | through January | 24, 2016. | d like to flare/vent becau | 1 | itenance at Cabi | n Lake. Eve | nt NM (| ARTESIA DISTRICT |
| Electronic Submission #321389 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/29/2015 (16.JAS0841SE) Name (Printed/Typed) RHONDA ROGERS Title STAFF REGULATORY TECHNICIAN Signature (Electronic Submission) Date 10/26/2015 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Norder Conduct operations thereon. Title OFFICE USE Date 10/26/2015 This SPACE FOR FEDERAL OR STATE OFFICE USE Norder Conduct operations thereon. Optimized in 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. | Attached is a site | diagram | Accepted NMC | 11/20/13 for record | SEE A CONI | ATTAC DITION | HED FOR S OF APPR | |
| Name (Printed/Typed) RHONDA ROGERS Title STAFF REGULATORY TECHNICIAN Signature (Electronic Submission) Date 10/26/2015 A/P PROVED THIS SPACE FOR FEDERAL OR STATE OFFICE USE Nov Approved By | | the foregoing is t | Electronic Submission # For CONOCOP | HILLIPS COM | PANY. sent to th | e Carisbad | | |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE NOV Approved By | 14. I hereby certify that | Commi | Hed to AEMSS for proces | | | 10/23/2013 | | |
| Approved By | | | , | | | REGULATO | RY TECHNICIAN | |
| Approved By | Name(Printed/Typed | RHONDA | ROGERS | | Title STAFF Date 10/26/2 | 015 A/P | PROVED | |
| States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. | Name(Printed/Typed | RHONDA | ROGERS | | Title STAFF Date 10/26/2 | OFFICE US | PROVZD | |
| ** BLM REVISED ** | Name (Printed/Typed Signature Approved By Onditions of approval, if ertify that the applicant h | (Electronic Si (Electronic Si any, are attached olds legal or equi | ADGERS THIS SPACE FC Approval of this notice does table title to those rights in the | DR FEDERA | Title STAFF Date 10/26/2 L OR STATE Title | OFFICE US | PROVZD | |
| V/ // | Name (Printed/Typed Signature Approved By onditions of approval, if ertify that the applicant h hich would entitle the ap itle 18 U.S.C. Section 10 | (Electronic Si (Electronic Si any, are attached olds legal or equi plicant to conduc 01 and Title 43 L | Approval of this notice does table title to those rights in the t operations thereon. | DR FEDERA not warrant or subject lease crime for any pe | Title STAFF Date 10/26/2 L OR STATE Title Office | OFFICE US | PROVZD SE LAPO I (NACE) EN BAD IELL I LE | agency of the United |

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| Wells | API |
| James E 04 | 3001526371 |
| James E 05 | 3001526380 |
| James E 09 | 3001528056 |
| James E 11 | 3001526655 |
| James E 12 | 3001526644 |
| James E 13 | 3001526645 |
| James E 14 | 3001526646 |
| James E 15 | 3001527078 |
| Total wells 8 | |

Flaring Conditions of Approval

1. Report all volumes on OGOR B as disposition code 08.

2. Comply with NTL-4A requirements

3. Subject to like approval from NMOCD

Flared volumes will still require payment of royalties

5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.

6. This approval does not authorize any additional surface disturbance.

7. Submit updated facility diagram as per Onshore Order #3.

8. Approval not to exceed 90 days from date requested on sundry.

9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).

10. If flaring is still required past 90 days submit new request for approval.

11. If a portable unit is used to flare gas it must be monitored at all times.

12. Comply with any restrictions or regulations when on State or Fee surface.

JAM 110415