Form 316025 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

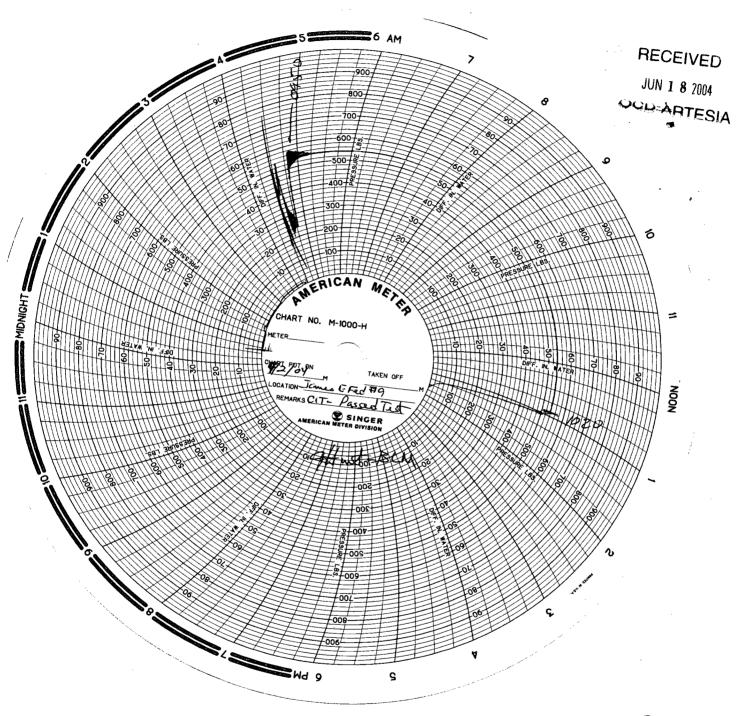
FORM APPROVED

| OCD-ARTESIA | OMB No. 1004-0135 Expires: January 31, 20 | |
|-------------|--|--|
| | 5 Lease Serial No. | |

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.

NM 0479142 6. If Indian, Allottee or Tribe Name

| 1 191 7 12 2 2 2 2 | IPLICATE - Other instru | ilion≸ on tyver | se side | 7. If Unit or CA/Agreement, Name and/or No. |
|---|--|---|---|---|
| 1. Type of Well | . | :. | | 8. Well Name and No. |
| Oil Well Gas Well | Other | | | |
| 2. Name of Operator | | • • • | " | James E Federal # 009 |
| ConocoPhillips Co. | | I | | 9. API Well No. |
| 3a. Address | | 3b. Phone No. (incl | | 30-015-28056 |
| 4001 Penbrook, Odessa, TX 7976 | 62 | 505.676.5569 | RECEIVED | 10. Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec., | | | 11 IN 1 0 2004 | Cabin Lake (Delaware) |
| 1060' FSL & 10' FEL, Sec. 11, T | 22S, R 30E, P | | JUN 1 8 2004 | 11. County or Parish, State |
| | | | OCD:ARTESIA | Eddy Co., NM |
| 12. CHECK API | PROPRIATE BOX(ES) TO | INDICATE NAT | URE OF NOTICE, RI | EPORT, OR OTHER DATA |
| TYPE OF SUBMISSION | | , | TYPE OF ACTION | |
| | Acidize | Deepen | Production (Start | Resume) Water Shut-Off |
| Notice of Intent | Alter Casing | Fracture Treat | Reclamation | Well Integrity |
| | | | _ | |
| Subsequent Report | Casing Repair | New Construction | | Other |
| Final Abandonment Notice | Change Plans | Plug and Abandon | | ndon |
| Final Abandonment Notice | Convert to Injection | Plug Back | Water Disposal | |
| pulled 40 jts - shut down 03/30/2004 Finish POOH W/168 fluid - test casing to 500# psi - test 03/31/2004 ND BOP, NU wellhed 04/01/2004 Called BLM | 3 jts 2 7/8" tbg - pick up 7" cast st good - POOH W/2 7/8" tbg la ead - clean location - RDMO DI | iron bridge plug & s ying down on racks | run in hole to 6,105' - set - shutdown | lhead, NU BOP - POOH W/2 7/8" tbg - plug, get off plug to circulate 235 bbls of pkr |
| 04/02/2004 Load csg & test to 50 | our psi - ran chart for 30 min - t | est good, witnessed | Dy BLM | |
| Chart enclosed | the second of th | | | Accepted for record - NMOCD |
| 14. I hereby certify that the foregoin Name (PrintedlTyped) | g is true and correct | | | |
| Kenneth N. Andersen | | Title 9 | HEaR Specialist | |
| <i>ey</i> . | 100/10 | | | |
| Signature Kennel | 7/1. Under | | 04/08/04 | |
| | THIS SPACE FO | R FEDERAL OR | STATE OFFICE USE | |
| Approved by (Signature) | /s/ Joe G. La | ra | Name (Printed/Typed) Joe G.] | |
| Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to o | al or equitable title to those rights | does not warrant or in the subject lease | CARLSBAD F | IELD OFFICE ate 1 8 NN 2004 |



Accepted for record - NMOCD