

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 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.

HOBBS OCD
AUG 18 2014

SUBMIT IN TRIPLICATE - Other instructions on reverse side

| | | |
|--|---|---|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | | 8. Well Name and No. GRAYBURG DEEP "25" FEDERAL 5 |
| 2. Name of Operator CONOCOPHILLIPS COMPANY Contact: RHONDA ROGERS E-Mail: rogersr@conocophillips.com | | 9. API Well No. 30-015-03083 |
| 3a. Address P. O. BOX 51810 MIDLAND, TX 79710 | 3b. Phone No. (include area code) Ph: 432-688-9174 | 10. Field and Pool, or Exploratory BEAR GRASS DRAW-ABO |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 25 T17S R29E Mer NMP NENE 330FNL 660FEL | | 11. County or Parish, and State EDDY COUNTY, NM |

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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 type="checkbox"/> Recomplete | <input checked="" 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 recomplete 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.)

Request to change name/property code/pool code.
ConocoPhillips submitted a NOI to change the name/property code on 2/19/2004. This NOI stated that this well was not part of the Grayburg Deep Unit, but this well is actually part of the Grayburg Deep Unit.

The correct name/property code/pool code is:
Grayburg Deep Unit 5
property code #31096
pool code #4980.

Attached is a corrected C-102.

NM OIL CONSERVATION
ARTESIA DISTRICT

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well name correction entered 8-22-14

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #257018 verified by the BLM Well Information System
For CONOCOPHILLIPS COMPANY, sent to the Carlsbad**

| | |
|------------------------------------|-----------------------------------|
| Name (Printed/Typed) RHONDA ROGERS | Title STAFF REGULATORY TECHNICIAN |
| Signature (Electronic Submission) | Date 08/14/2014 |

THIS SPACE FOR FEDERAL OR STATE OFFICIAL 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 _____

**Pending BLM approvals will
subsequently be reviewed
and scanned**

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person known to the Bureau to make any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction, or to make any such statement or representation to any department or agency of the United States.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

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

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AUG 22 2014

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AUG 18 2014

AMENDED REPORT

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WELL LOCATION AND ACREAGE DEDICATION RECEIVED

| | | |
|---|--|---|
| ¹ API Number 30-015-03083 | ² Pool Code 4980 | ³ Pool Name Bear Grass Draw-Abo |
| ⁴ Property Code 31096 | ⁵ Property Name Grayburg Deep Unit | |
| ⁷ OGRID No. 217817 | ⁸ Operator Name ConocoPhillips Company | ⁶ Well Number 5 |
| ⁹ Elevation 3603' GL | | |

| ¹⁰ Surface Location | | | | | | | | | |
|--------------------------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
| A | 25 | 17S | 29E | | 330 | North | 660 | East | Eddy |

| ¹¹ Bottom 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 |
| | | | | | | | | | |

| | | | |
|-------------------------------------|-------------------------------|----------------------------------|-------------------------|
| ¹² Dedicated Acres 40 | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ 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>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> | |
| | | 08/13/2014 |
| | Rhonda Rogers Printed Name rogerr@conocophillips.com E-mail Address | |
| ¹⁸ SURVEYOR CERTIFICATION | | |
| <i>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.</i> | | |
| Date of Survey | | |
| Signature and Seal of Professional Surveyor: | | |
| Certificate Number | | |