Form 3160-5

## **UNITED STATES**

OCD-ARTESIA FORM APPROVED

	DEPARTMENT OF THE BUREAU OF LAND MAN		ALIC	12	2000	OM B No 1004-0137 Expires March 31, 2007	
	NOTICES AND REF			12	23 Dease Seria NM LC	I No <b>028793</b> C	
Do not use th	is form for proposals to ell. Use Form 3160-3 (A	odrill or to re	enter an		6. If Indian,	Allottee or Tribe Name	
SUBMIT IN TRIPLICATE- Other instructions on reverse side.					7 If Unit or CA/Agreement, Name and/or No		
1. Type of Well ☐ ☐ Gas Well ☐ ☐ Other					8 Well Nan	and No	
2. Name of Operator ConocoPhillips Company					Grayburg Deep 30 Federal # 1  9. API Well No.		
3a Address	3b Phone No (include area code)			30-015-31958			
P.O. Box 51810 Midland, Tx 79  4. Location of Well (Footage, Sec., 7)	432-688-6943			10 Field and Pool, or Exploratory Area Wildcat Cisco			
850 FSL & 1980 FWL UL: N of 30-17S-30E				11. County or Parish, State  Eddy County, NM			
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NATU	RE OF NOTICE	E, RE	EPORT, OR	OTHER DATA	,
TYPE OF SUBMISSION TYPE OF ACTION							
Notice of Intent  ✓ Subsequent Report  ☐ Final Abandonment Notice	Acidize □ Deepen □ Production (St □ Alter Casing □ Fracture Treat □ Reclamation □ Casing Repair □ New Construction □ Recomplete □ Change Plans □ Plug and Abandon □ Temporarily Al □ Convert to Injection □ Plug Back □ Water Disposal				Well Integrity Other bandon		
Attach the Bond under which the following completion of the invetesting has been completed. Find determined that the site is ready Workover: 7/17/2008-8/1/2	008	le the Bond No. on file esults in a multiple con filed only after all requi	with BLM/BIA Ripletion or recomple rements, including i	Required etion in reclama	d subsequent re a new interval tion, have beer	eports must be filed within , a Form 3160-4 must be a completed, and the oper	n 30 days filed once ator has
MIRU. Set CIBP@10650 w/35' cmt. Perforated Cisco 9582-88 and 9670-97 (6 spf). Swab and flowb CIBO@9480. Well is shut in pending further evaluation. RDMO.							
Request TA status during evaluation period.			,	AC	CEPTE	D FOR RE	CORD
TA Suther	ized for	120 d.	ays		AL BUREAU C	•	MENT
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)  Donna Williams			Title Sr. Regulatory Specialist				
Signature		Date	Date 07/01/2009				
	THIS SPACE FOR F	EDERAL OR	STATE OFFI	CEL	JSE		
Approved by	<del></del>		Title		Da	ate	<u> </u>
Conditions of approval, if any, are at certify that the applicant holds legal			Office				

Title 18 USC. Section 1001 and Title 43 USC 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

which would entitle the applicant to conduct operations thereon.