Form 3160-5 (August 1999)

N.M. Oil Cons. Division

5.

1625 N. French Dr.

UNITED STATES DEPARTMENT OF THE INTERIORIODS, NM 88240 BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

SUNDRY NO	CICES AND	REPORTS	ON WEI	10
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Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS				LC 031670	LC 031670B	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.			6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICATE - Other instructions on reverse side 1. Type of Well			7. If Unit or CA/Agreement, Name and/or N			
☐ Oil Well ☐ Gas Well	☐ Other		RECEIVED	8. Well Name		
Name of Operator ConocoPhillips Company			MAR 2 4 7004	Warren McKee 128		
3a. Address 4001 Penbrook Street Oc	· · · · · · · · · · · · · · · · · · ·	3b. Phone No. ((432)368-150	include area code		58	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Warren Mck	ool, or Exploratory Area	
ULP, Sec. 20, T-20-S, R-38-E				11. County or Parish, State Lea County, New Mexico		
12. CHECK A	PPROPRIATE BOX(ES) T	O INDICATE NA	ATURE OF NOTICE, R	EPORT, OR O	THER DATA	
TYPE OF SUBMISSION			TYPE OF ACTION			
□ Notice of Intent☑ Subsequent Report□ Final Abandonment Notice	☐ Acidize ☐ Alter Casing ☐ Casing Repair ☐ Change Plans ☐ Convert to Injection	Deepen Fracture Treat New Constructi Plug and Abanc Plug Back			Water Shut-Off Well Integrity Other Run New ESP.	
determined that the site is read (1) 2/23/2004: HELD PJS PICK UP DEBRIS TOOL, SCALE, AND 1 CABLE B (2) 2/24/2004: HELD PJS TO RAIN. WAIT ON RAIN	M. MIRU PULLING UNI RIH WITH SWAB AND C AND. SHUT WELL IN, S M. WAIT ON CENTRIJI	T. MIRU PUMP CLEAN OUT WE SION.	TRUCK, ND WELLHE LLBORE WITH DEBR	EAD, NU BOP RIS TOOL. RE	. RD PUMP TRUCK. ECOVERED RUBBER,	
(3) 2/25/2004: HELD PJS STRING, INSTALLING 18	M. MIRU CENTRILIFT. CLAMPS. SHUT WELL	PICK UP MOTO IN, SION.	R, PUMPS, AND RIH	WITH TUBIN	G AND CAPPILLARY	
(4) 2/26/2004: HELD PJSI NU WELLHEAD. START	M. OPEN WELL, MIRU I ESP. WELL RUNNING (PUMP TRUCK, I GOOD. RIG DN	ND BOP. MAKE SPLI PULLING UNIT. MO	CE ON CABÎL VE OFF (LÔC)	13/	
 I hereby certify that the foregoin Name (Printed/Typed) Stacey D. Linder 	ng is true and correct	Title HSE	ER Assistant	100	33.03	
Signature/ Stack of	Vindas)	Date	5/2004		30.010.9	
PACCEPTED FO	OR RECORD SPACE FO					
opproved by	DAVID R. GLASS		Title	Date	and the second s	
onditions of approval, if and, are affached Approval of this notice does not warra ertify that the applicant holds legal or equitable title to those rights in the subject le hich would entitle the applicant to conduct operations thereon.			Office			
tle 18 U.S.C. Section 1001, makes audulent statements or representation	it a crime for any person knowir ons as to any matter within its ju	ngly and willfully to n	nake to any department or age	ency of the United	States any false, fictitious or	
Instructions on reverse						