Form 3160-5 (September 2001)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

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. Lease Serial No.

LC 029410B		
6 If Indian Allottee o	r Tribe Name	

		1					
SUBMIT IN TRIPLICATE - Other instructions on reverse side			7. If Unit or Ca	7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well			8920003410	8920003410			
Oil Well Gas Well Other			8. Well Name	8. Well Name and No.			
2. Name of Operator				MCA Unit # 289			
ConocoPhillips Co.			·	9. API Well N	lo.		
3a. Address		3b. Phone No. (incl	ude area code)				
4001 Penbrook, Odessa, TX 7970	52	505.676.5569		10. Field and F	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec.,		1003.0.0.000		Maljamar Gl	B/SA		
1165' FNL & 1345' FEL, Sec. 30	, T 17S, R 32E, B			11. County or	Parish, State		
10 CUTCU A DI	DODDIATE DOV(ES) TO	DIDICATE NAT	TIPE OF MOTICE	Lea Co., NM	,		
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATENAT	URE OF NOTICE	, REPORT, OR C	THER DATA		
TYPE OF SUBMISSION			TYPE OF ACTION				
	Acidize [	7 p	Deschartion (	Start/Resume)	Water Shut-Off		
Notice of Intent		Deepen	`				
Notice of Intent	☐ Alter Casing ☐	Fracture Treat	Reclamation	· <u>-</u>	Well Integrity		
Subsequent Report	Casing Repair	New Construction	Recomplete	L	Other		
	Change Plans	Plug and Abando	n 🗹 Temporarily	Abandon			
Final Abandonment Notice	Convert to Injection	Plug Back	Water Dispo	sal			
ConocoPhillips requests renewal currently on file with your office.  As per our agreement of 04/28/0 evaluation will be completed and	4 at the Buckeye, NM meeting,	we plan to retain the proved MIT expire	is wellbore for evalues.	•			
14. 1 hereby certify that the foregoin	g is true and correct				No service of the ser		
Name (PrintedlTyped)	<u> </u>						
Kenneth N. Andersen	_	Title	SHEaR Specialist				
Signature Lennel	A. Chole	Date (	08/05/04				
	THIS SPACE FO	Maria Maria Najiri Bara Maria Bara	STATE OFFICE U	ISE .			
Approved by (Signature)	G. SGD.) DAVID R. GLA	ISS	Name (Printed/Typed)	Ti	tle		
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to contact the applicant the applicant the applicant the applicant the applicant the applicant to contact the applicant t	d or equitable title to those rights		Office		AUG 1 2 2004		
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious or fraudule	tle 43 U.S.C. Section 1212, make it nt statements or representations as t	a crime for any personal to any matter within it	on knowingly and willf is jurisdiction.	ully to make to any de	epartment or agency of the United		

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