

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
ConocoPhillips Company

3a. Address  
4001 Penbrook Street Odessa TX 79762

3b. Phone No. (include area code)  
(432)368-1368

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Section 4, T-21-S, R-36-E, G  
5940' FSL & 1980' FEL

5. Lease Serial No.  
LC 031740 B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
Meyer B-4 #14

9. API Well No.  
30-025-04474

10. Field and Pool, or Exploratory Area  
Eumont; Yates, Seven Rvrs, Queen

11. County or Parish, State  
Lea County  
New Mexico

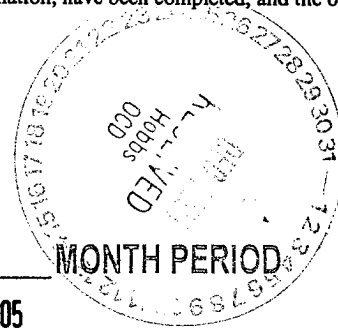
**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 MIT - Renew
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	TA Status
	<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 recompleat horizontally, give subsurface locations 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 recompleat 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.)

See chart attached

TA APPROVED FOR 12 MONTH PERIOD  
ENDING APR 01 2005



14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)  
Kay Maddox

Title  
Regulatory Agent

Signature

*Kay Maddox*

Date  
11/17/2004

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by  
(ORIG. SGD.) DAVID R. GLASS

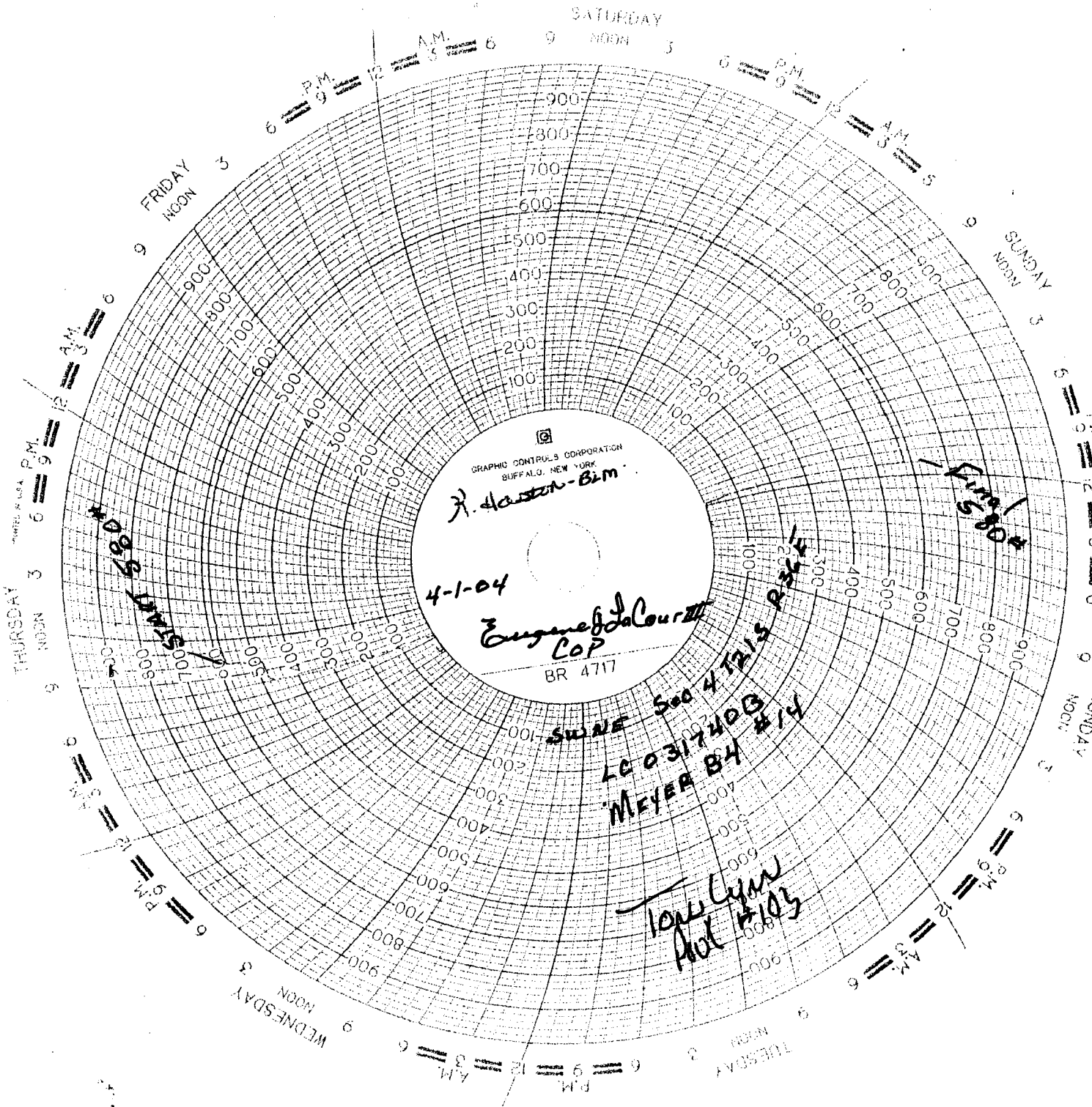
Title

Date

NOV 30 2004

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.

Office



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

*X. Houston-Bim*

4-1-04

*Engineer LaCour*  
COP

BR 4717

*SWINE 500 4 12 15 23 41*  
*LC 0317400*  
*MEYER B4 #14*

*Tommy Lynn*  
*Adt #103*

*Fire 900*