Form 3160-5 (August 2007)

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

HOBBS OCD

FORM APPROVED
OMB NO. 1004-0135
Expired: Indian 2015

ЕХ	pires.	July	31,	2
ease Serial	No			
JMNM055	7686	:		

Do not use the	NOTICES AND REPO is form for proposals to il. Use form 3160-3 (AP	drill or to re-	-enter an 'JUL	<b>26</b> 2011	NMNM0557686  6. If Indian, Allottee or	Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side. RECEIVED				7. If Unit or CA/Agreement, Name and/or No. NMNM71041A			
1. Type of Well	t.	<del></del>			8. Well Name and No		
Oil Well Gas Well 🛛 Oth	ner / INJECTION				SEMU 44		
2. Name of Operator CONOCOPHILLIPS COMPANY E-Mail: jalyn.fiske@conocophillips.com					9. API Well No 30-025-06084-0	•	
3a. Address 400 PENBROOK SUITE 351 ODESSA, TX 79762	3b Phone No Ph: 432-68	. (include area code 8-6813	)	10. Field and Pool, or SKAGGS	D. Field and Pool, or Exploratory SKAGGS		
4. Location of Well (Footage, Sec., 7	., R., M., or Survey Descriptyo	n)			11. County or Parish, a	and State	
Sec 13 T20S R37E SWSW 660FSL 660FWL					LEA COUNTY, NM		
12. CHECK APPI	ROPRIATE BOX(ES) TO	O INDICATE	NATURE OF	NOTICE, R	EPORT, OR OTHER	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
- Nation of Intent	Acidize	□ Deep	pen	Produc	ion (Start/Resume)	☐ Water Shut-Off	
Notice of Intent	☐ Alter Casing	☐ Frac	ture Treat	Reclam	ation	☐ Well Integrity	
☐ Subsequent Report	Casing Repair	□ New	Construction	Recomp	olete	Other	
☐ Final Abandonment Notice	Change Plans	— Plug	and Abandon	Tempoi	arily Abandon,	_	
-	Convert to Injection	Convert to Injection Plug Back Water Disposal					
If the proposal is to deepen direction. Attach the Bond under which the wo following completion of the involved testing has been completed. Final Aldetermined that the site is ready for f The SEMU 44 has had issues between 760' - 806'. The BLM on 6/28/2011. Attached is the	rk will be performed or provide operations. If the operation repandonment Notices shall be fixed in all inspection.)  with successful plugging instructed we commend	e the Bond No. or esults in a multipled only after all:	n file with BLM/BL e completion or rec requirements, inclu- ere. Suspected	A Required su ompletion in a ding reclamation	bsequent reports shall be new interval, a Form 316 in, have been completed,	filed within 30 days 0-4 shall be filed once	
	Condition	ns of Approva	al: Provide the	,			
	Hobbs Fie	eld Station ar	nd this office				
•			progress tow	ard ·			
	abandon	ment. J. Amo	s 7/16/11				
14. I hereby certify that the foregoing is	Electronic Submission #	111903 verifie	d by the BLM We	Il Information	n System		
Comm	itted to AFMSS for process	sing by DEBO	RAH MCKINNEY	on 06/29/201	1 (11DLM0552SE)	~	
Name (Printed/Typed) JALYN N	FISKE		Title REGUL	ATORY SP	ECIALIST	NU2-11	
Signature (Electronic S	Submission)		Date 06/29/2	.011	Mrs 1	01-2	
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U			
Approved By JAMES A AMOS			TitleSUPERVI	SOR EPS		Date 07/16/201	
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 Hobbs					

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. 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.