

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBS OCD

SEP 22 2011

OCD Hobbs

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**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.  
NMNM27508

6. If Indian, Allottee or Tribe Name  
N/A

**SUBMIT IN TRIPLICATE – Other instructions on page 2.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
ConocoPhillips Company

3a. Address  
P.o. Box 51810  
Midland, Tx 79710

3b. Phone No. (include area code)  
432-688-6943

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

8. Well Name and No.  
Wilder Federal 28 # 1H

9. API Well No.  
30-025-40261

10. Field and Pool or Exploratory Area  
Wildcat Bone Spring

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
610 FNL & 835 FEL  
NENE of 28-26S-32E

11. Country or Parish, State  
Lea County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 <u>Use of Flex Hose</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 and 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

ConocoPhillips Company respectfully request approval for use of one flex hose on the Nabors M9 rig to drill the above well. Please find attached the recent testing information and chose hose specifications.

**SEE ATTACHED FOR  
CONDITIONS OF APPROVAL**



14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)  
Donna Williams

Title Sr. Regulatory Advisor

Signature

Date 09/13/2011

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

Approved by

Title

Date

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

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.

(Instructions on page 2)

M09 CHOKE HOSE SPECIFICATIONS						
HOSE MANUFACTURER	HOSE MANUFACTURED DATE	HOSE SERIAL #	HOSE OD	HOSE ID	WORKING PSI	TEST PSI
COPPER STATE RUBBER	2/2007 USA	22269	6.25	3	10K	15K
FLANGE	FLANGE MANUFACTURED DATE	RING TYPE				
4 1/16 10M	11/8/2006	BX153				

COPPER STATE RUBBER  
VISUAL INSPECTION / HYDROSTATIC TEST REPORT  
CHOKE & KILL HOSE  
10,000 P.S.I. W/P X 15,000 P.S.I. T/P  
SPEC: 090-1915 HS  
H2S SUITABLE

SHOP ORDER NO.: 16528

SIZE: 3" I.D.

SERIAL NO.: 22269

LENGTH 25 FT.      IN.

CONNECTIONS: 4-1/16" 10,000 PSI API FLANGE

VISUAL INSPECTION

(A) END CAPS / SLEEVE RECESS: OK  
(B) EXTERIOR / COVER / BRANDING: OK  
(C) INTERIOR TUBE: OK

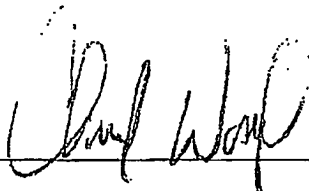
HYDROSTATIC TEST

5 MIN. @ 10,000 PSI

2 MIN. @ 0 PSI 25' 3" OAL

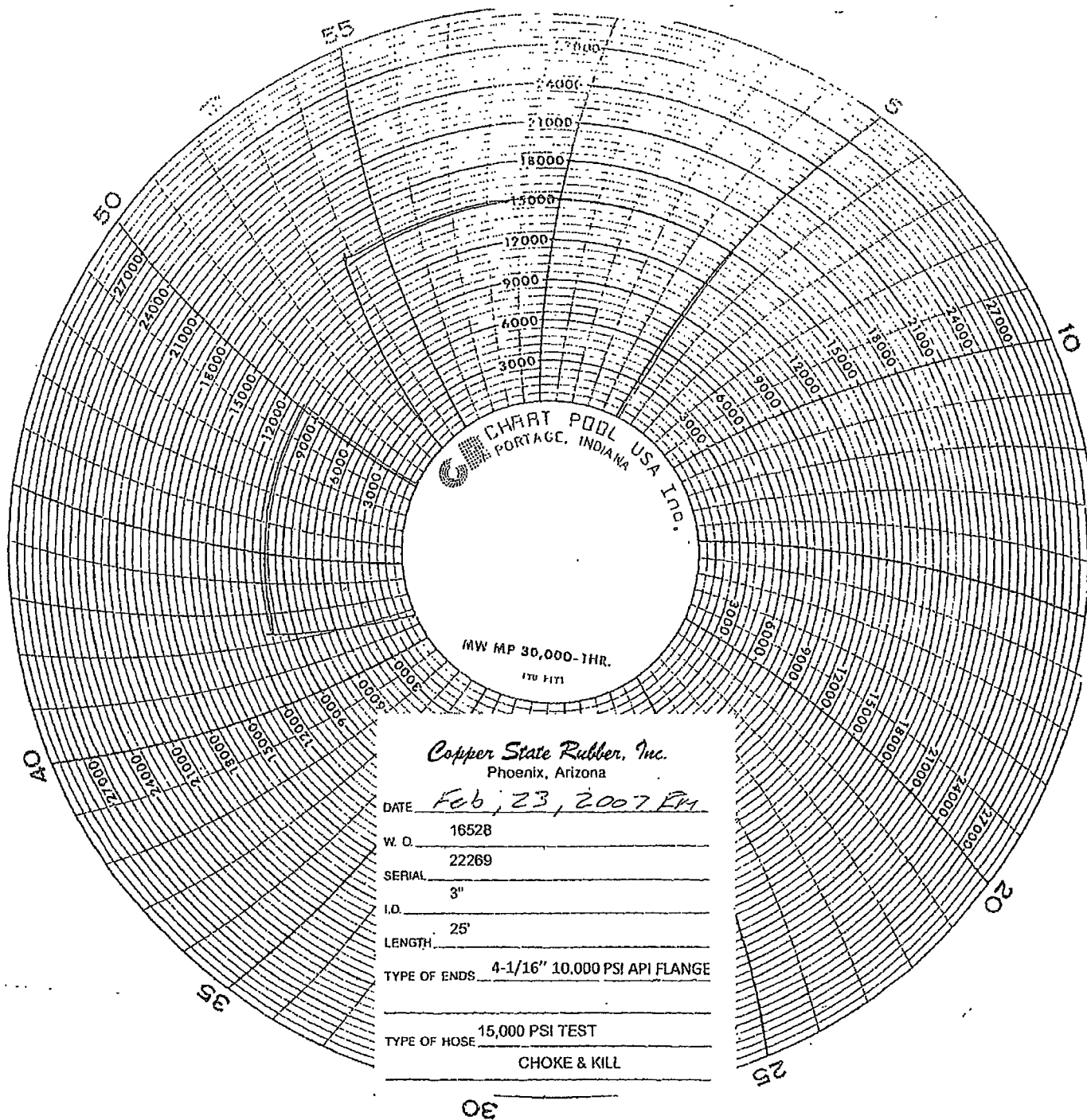
3 MIN. @ 15,000 PSI

WITNESSED BY:



DATE

February 23, 2007



## **CONDITIONS OF APPROVAL**

**ConocoPhillips Company**

**NM-27508**

**Wilder Federal 28 #1H**

**30-025-40261**

**NENE Section 28, T. 26 S., R 32 E., NMPM**

**Lea County, New Mexico**

1. **Variance approved to use flex line with Serial #22269 from BOP to choke manifold. Check condition of 3" flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. Anchor requirements to be onsite for review. If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).**
2. **Original COA still apply for BOP/BOPE testing requirements**

**EGF 9/14/2011**