

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS
HOBBS OCD

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.

MAR 27 2012

SUBMIT IN TRIPLICATE - Other instructions on page 2

RECEIVED

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC068281B
2. Name of Operator ConocoPhillips Company		6. If Indian, Allottee or Tribe Name
3a. Address 3300 N "A" St Midland TX 79705	3b. Phone No (include area code) (432)688-9174	7. If Unit of CA/Agreement, Name and/or No
4. Location of Well (Footage, Sec., T.R., M., or Survey Description) UL P, 105' FSL & 397' FEL, Sec 17, 26S, 32E		8. Well Name and No. Buck Federal 20 1H
		9. API Well No. 30-025-40431
		10. Field and Pool or Exploratory Area Wildcat- Bone Spring
		11. Country or Parish, State LEA NM

12. CHECK THE 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 Spud Notice
	<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 recomple 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 recomple 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.)

2/22/12 MIRU Nabors M-9. Spud 17 1/2" surf hole 2/23/12 7 drill ahead to 913' surf TD 2/24/12.

2/24/12 RIH w/20 jts, 13 3/8", 54#, J-55 & set @ 894'. Pre-flush w/ 20 bbls FW & pump 400 sx (131 bbls) class C lead cmt & 345 sx (81 bbls) class C tail cmt. Disp w/ 138 bbls FW. Bumped plug to 870#. Circ 100 bbls to surf. NUBOP.

2/26/12 PT csg to 800#/30 min- test good.



14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Rhonda Rogers		Title Staff Regulatory Technician
Signature <i>Rhonda Rogers</i>		Date 03/09/2012

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	<i>KZ</i>

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.