Form 3160-5 (August 2007)

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

OCD	Hobbs

FORM APPROVED OMB NO 1004-0135 Expires. July 31, 2010

Expires, sur
Lease Serial No.
NIMI COEZO40º

Do not use the abandoned we		NMLC057210°  6. If Indian, Allottee or Tribe Name				
======================================	BC 000	,				
SUBMIT IN TRI	PLICATE - Other instru			nit or CA/Agreemer	nt, Name and/or No.	
1. Type of Well		- MAR S	10 7012 8 Well	I Name and No	<del></del>	
☑ Oil Well ☐ Gas Well ☐ Other			8 Well Name and No MCA 466			
2. Name of Operator Contact. JALYN N FI  CONOCOPHILLIPS E-Mail: jalyn.fiske@conocophilli			/ / /	025-39460 3D	025-3943	
3a. Address 330 NORTH "A" STREET BLI MIDLAND, TX 79705	3b. Phone No. (include area Ph: 432-688-6813		10. Field and Pool, or Exploratory MALJAMAR;GRAYBURG-SANAND			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11 Co	ounty or Parish, and	State	
Sec 27 T17S R32E NENE 680FNL 1210FEL /			LE/	LEA COUNTY, NM		
• •		•	İ			
12. CHECK APPI	ROPRIATE BOX(ES) TO	O INDICATE NATURE	OF NOTICE, REPORT.	, OR OTHER D	ATA	
TYPE OF SUBMISSION			TYPE OF ACTION			
Notice of Intent	Acidize	Deepen	Production (Star	rt/Resume) _	Water Shut-Off	
_	Alter Casing	Fracture Treat	☐ Reclamation		Well Integrity	
☐ Subsequent Report	Casing Repair	New Construction	n Recomplete	_	Other	
☐ Final Abandonment Notice	Change Plans	Plug and Abando	n Temporarily Ab	_	,	
·	Convert to Injection	Plug Back	ack Water Disposal g estimated starting date of any proposed work and ar			
The MCA 466 is an approved requests a 2 year extension to	well to be drilled, APD ap commence drilling opera	itions on this well.	ConocoPhillips			
		Description of the second				
		Selffield	1 Day 2	4.1		
		And the second of the content of	APPROVED FOR <u>A4</u> MONTH PERIOD			
. /	_		ENDING 5	-32-113		
14. Thereby certify that the foregoing is		Arlem Kng	mer 66,	109/2011		
14. Thereby certify that the foregoing is	Electronic Submission #1	08608 verified by the BLM IOCOPHILLIPS, sent to the	Well Information System e Hobbs	n		
Name (Printed/Typed) JALYN N FISKE			Title REGULATORY SPECIALIST			
Signature (Electronic S	ubmission)	Date 05/1	8/2011	. / . /		
	THIS SPACE FO	R FEDERAL OR STA	TE OFFICE USE		<del></del>	
	<u> </u>				<del></del>	
Approved By	In fitness	Title	(	J BAD	70a0 2012	
Conditions of approval, if any, are attached ertify that the applicant holds legal or equivalent would entitle the applicant to conduct the conduction of th	. Approval of this notice does	not warrant or subject lease Office	CARLSBAD FIELD OF	FICE	<del>'6 0 6016</del>	
Fitle 18 U.S.C Section 1001 and Title 43 U.States any false, fictitious or fraudulent states.	J.S.C. Section 1212, make it a atements or representations as	crime for any person knowingly to any matter within its jurisdic	y and willfully to make to any	y department or ager	ncy of the United	