

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

New Mexico Oil Conservation District

FORM APPROVED
OMB No. 1004-0151
Expires: March 31, 2007

1625 N. French

Hobbs, NM 88001-9999

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 St., Odessa, TX 79762-59173b. Phone No. (include area code)
505.391.55694. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 660' FWL, Sec. 21, T 17S, R 32E, L

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
89200034108. Well Name and No.
MCA Unit # 0679. API Well No.
30 - 025 - 0061010. Field and Pool, or Exploratory Area
Maljamar, Grayburg - San Andres11. County or Parish, State
Lea Co., 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 Repair pkr or tbg
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	leak, return to
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	injection

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 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.)

04/07/2005 Held safety & job scope meeting. Rig up Pool DD unit & bled well into vacuum truck. Attempted to remove wellhead flange. Heated wellhead flange & attempted to remove, but was unable to free it. Attempted to shear free the packer, but tubing parted inside the slips. Rig up tool to spear tubing. Caught tbg & backed off tbg from on/off tool (packer), pulled up & replaced the parted jt. Installed the BOP. Rig up tubing equipment & attempted to release packer. Unable to release packer, backed off from on/off tool & POOH with tbg. Shut down for night.

04/08/2005 Arrived on location, held safety meeting. Bled well pressure to truck, RU tubing hydrostatic testers & RIH W/tubing while testing to 5000 psi. All tubing tested OK. Replaced top IPC jt that parted. Circulated packer fluid into annulus. Engaged on/off tool on Otis packer @ 3635'. ND BOP, flange up tubing head & pressure test annulus to 500 psi for 30min, held OK. RDMO.

04/12/2005 Arrived on location, held safety meeting. Rigged up pump truck. Loaded and pressured up csg. to 500 # psi and ran chart for 30 minutes. Test good. Test was witnessed and approved by Johnny Robinson of the NMOC.

Chart enclosed.

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

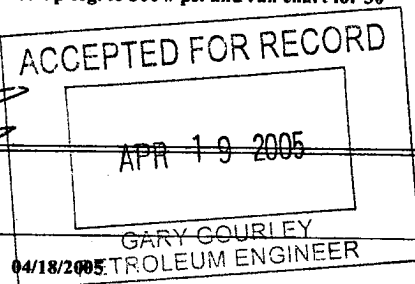
Kenneth N. Andersen

Title SHEaR Specialist

Signature

Kenneth N. Andersen

Date



THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

DISTRICT SUPERVISOR/GENERAL MANAGER
Office

Date

4/22/05

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)

