	UNITED STATES	NTERIOR	OHOBBS C		E	FORM APPROVED OMB No. 1004-0137 xpires: October 31, 2014			
	EAU OF LAND MANA		SEP 11	2012	Lease Serial No . NMLC063458				
	NOTICES AND REPO		LS	6. 1	f Indian, Allottee of	or Tribe Name			
abandoned well.	Use Form 3160-3 (AF	PD) for such p	proposa CE	NED					
	T IN TRIPLICATE – Other ii				f Unit of CA/Agre	ement, Name and/or No.			
I. Type of Well					Well Name and No				
🗙 Oil Well 🔲 Gas V	Vell Other			<u> </u>	NARREN UN	TUBB V	VF 33		
2. Name of Operator ConocoPhillips Company					API Well No. 30-025-39514				
Ba. Address		Bb. Phone No. (incl	,	1	Field and Pool or				
P. O. Box 51810 Midland		(4,32)688-	-6938		WARREN; BLINEBRY-TUBB-DRINKARD				
Location of Well (Footage, Sec. T. UL C, 60' FNL & 2630' FW	/L, SEC 34, 20S, 38E			1	LEA	NM			
12. CHEC	CK THE APPROPRIATE BOX	(ES) TO INDICA	TE NATURE OF 1	NOTICE, I	REPORT OR OTH	IER DATA			
TYPE OF SUBMISSION			TYPE OF	FACTION					
X Notice of Intent	Acıdize	Deepen		Productio	n (Start/Resume)	Water Shut-Off			
LTT Rouse of mell	Alter Casing	Fracture T		Reclamat			<u>م</u> بر م		
Subsequent Report	Casing Repair	New Cons		Recomple		Of POOLS	AIIC		
Final Abandonment Notice	Change Plans	Plug and A	_	Water Di	ily Abandon				
following completion of the involv testing has been completed. Final determined that the site is ready for POOLS BLINEBRY-TUBB TUBB-DRINKARD OIL & O	red operations If the operation Abandonment Notices must be r final inspection.) (62965) & DRINKARD	n results in a multip filed only after all 0 (63080) HAV	le completion or re requirements, incl 'E CONSOLI	ecompletion adding rect	n in a new interval amation, have been TO POOL W/	a completed and the operator has a completed and the operator has a complete operator has a complete operator h	once		
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District I 1625 N. French Dr., Hobbs. NM 88240				State of New Mexico								Form C-10			
Phone: (575) 393-6161										Revised August 1, 20					
District II 811 S. First St., Artesu	a NM 88210									Sub	Submit one copy to appropri-				
Phone: (575) 748-1283		8-9720	OIL CONSERVATION DIVISION OCD								District Offi				
District [1]			1220 South St. Francis Dr										10100		
1000 Rio Brazos Road Phone: (505) 334-6178		M 8/410							AMENDED REPOR						
District IV	334-6178 Fax: (505) 334-6170 Santa Fe, NM 87505 SEP 1 1 2012								LENDED	KEFUKI					
1220 S. St. Francis Dr.															
Phone: (505) 476-3460) Fax: (505) 47	6-3462								-		_			
<u></u>			WEI			ION AND) ACI	REAGE D	EDK	EGEIV					<u> </u>
AP1 Number				² Pool Code				³ Pool Name							
30-025- 39514				6962	25		W.	ARREN; B	LINEE	BRY-T	UBB-DR	INKARI)		
⁴ Property (⁴ Property Code ⁵ Property Name									Well Numbe	r				
3149	31493 WARREN UNIT BLINEBRY TUBB WF								330						
⁷ OGRID	⁷ OGRID No. ⁸ Operator Name								⁹ Elevation						
217817 ConocoPhillips Company						3532'									
" Surface Location															
UL, or lot no.	Section	n Township R				ldn Feet	from the			Fe	et from the	East/West lin			County
C	34	205 38E			100	1	NORT	-14	210	30	WES	ST	LEA	-	
"Bottom Hole Location If Different From Surface															
UL or lot no.	C !										01/		C		
UL, or lot no.	Section	on Township Range		Lot	Lot Idn Feet fro		m the North/South line		Feet from the		East/West line			County	
							_								
¹² Dedicated Acres	¹³ Joint of	r Infill	14 Conso	lidation	Code	⁵ Order No.									
															1
L															l
No allowable w	vill be ass	igned to	this co	omplet	ion unt	il all interest	s have	been consol	idated	or a no	n-standar	d unit has	been an	proved b	v the
division.				•p.e.	ion uni		0			••••				p	<i>,</i>
							·								
16						ERATO	R CERT	IFICAT	ION						
l ->-	12011							1							

	$-1 \psi O'$		"UPERATOR CERTIFICATION
20301			I hereby certify that the information contained herein is true and complete
~ _			to the best of my knowledge and belief, and that this organization either
			owns a working interest or unleased mineral interest in the land including
			the proposed bottom hole location or has a right to drill this well at this
			location pursuant to a contract with an owner of such a mineral or working
			interest. or to a voluntary pooling agreement or a compulsory pooling
			order heretajore entered by the division.
			ashley Martin 06/08/2012 Signature Date
			Ashley Martin Protect Name
			ritined Name
			Ashley.Martin@conocophillips.com
			E-mail Address
			SURVEYOR CERTIFICATION
			I hereby certify that the well location shown on this
			plat was plotted from field notes of actual surveys
			made by me or under my supervision, and that the
			same is true and correct to the best of my belief.
			same is true and correct to the best of my better.
 	~		Date of Survey
			Signature and Seal of Professional Surveyor:
· ·			
í í			
			Certificate Number
		1	