N.M. Oil Cons. Division 1625 N. French Dr. Hobbs, NM 88240

UNITED STATES FORM APPROVED Form 3 160-5 Budget Bureau No. 1004-0135 (June 1990) DEPARTMENT OF THE INTERIOR Expires: March 3 1,1993 BUREAU OF LAND MANAGEMENT 5. Lease Designation and Serial No. LC 031670B SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICA TE 1. Type of Well Oil Well Gas Well 8. Well Name and No. 2. Name of Operator **SEMU #163** CONOCOPHILLIPS CO. 9. API Well No. 3. Address and Telephone No. 30-025-35893 4001 PENBROOK, ODESSA, TX 79762 (915) 368-1371 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage, Sec., T. R. M. or Survey Description) Warren Tubb Gas 730' FSL & 1160' FWL, SEC. 18, T-20S, R38E, M 11. County or Parish, State Lea, New Mexico CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Recompletion New Construction Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice Altering Casing Conversion to Injection Dispose Water Note: Report results of multi Completion or Recompletion Report and Log form.) 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* ConocoPhillips Company request cancellation of the Drilling Permit for this well. Kristy S. Ward 3/27/03 Regulatory Assistant State office use Petroleum Endnes iomic scol Approved by ______Conditions of approval if any

*See Instruction on Reverse Side

Title 18 U.S.C. Section 1001, makes 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

☐BLM(6); NMOCD(1); SHEAR, PROD ACCTG, COST ASST, FIELD, FILE ROOM

or representations as to any matter within its jurisdiction.