

HOBBS OCD
Form 3160-5
(September 2001)
DEC 18 2012

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OCD Hobbs

FORM APPROVED
OMB No. 1004-0135
Expires: January 31, 2004

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection		5. Lease Serial No. LC-031670A
2. Name of Operator ConocoPhillips Company		6. If Indian, Allottee or Tribe Name
3a. Address 4001 Penbrook, Odessa, Texas 79762	3b. Phone No. (include area code) 432-368-1320	7. If Unit or CA/Agreement, Name and/or No. SEMU Permian
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Section 19, T 20 S, R 38 E 38 Unit K		8. Well Name and No. SEMU Permian No. 18
		9. API Well No. 30-025-07812
		10. Field and Pool, or Exploratory Area Skaggs Grayburg
		11. County or Parish, State Lea County, New Mexico

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 Replace and lay new line
	<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 shall 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 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.)

Replace steel injection line connecting the SEMU Permian Battery to the SEMU Permian No. 18 well with 1,000 feet of buried 2" 2500# Fiberspar. A portion of the line to be replaced is located on Trent Stradley's private property. A copy of this Sundry Notice has been provided to Mr. Stradley at:

**S&W Cattle Company
c/o Trent Stradley
P.O. Box 1800
Hobbs, NM 88221.**

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Mikela Bryant		Title Staff Agent, PTRRC
Signature Mikela Bryant		Date 11/12/2012

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by /s/ Don Peterson	Title FIELD MANAGER	Date DEC 14 2012
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. 12/20/12 mw/jcd	Office CARLSBAD FIELD OFFICE	

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)

DEC 20 2012

WELL TYPE: INJECTION

STATUS: ACTIVE

GROUP: HOBES

MAPPING HELP

☐ REGIONAL MAP

☒ FEATURES

☐ PIPELINES

☐ POINT DETAILS

