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Form 3160-5 UNITED STATES (March 2012) DEPARTMENT OF THE INTERIOR		R OCD Hobbs	0	ORM APPROVED MB No. 1004-0137 pires: October 31, 2014	
BUI	REAU OF LAND MANAGEMEN	FEB 0 4 2013	5. Lease Serial No. NM LC 057210		
Do not use this	NOTICES AND REPORTS ON form for proposals to drill or Use Form 3160-3 (APD) for s	WELLS	6. If Indian, Allottee or N/A	Tribe Name	
	IT IN TRIPLICATE – Other instructions		7. If Unit of CA/Agreet	ment, Name and/or No.	
1. Type of Well			8. Well Name and No.		 .
2. Name of Operator ConocoPhillips Company			MCA Unit 477 9. API Well No. 30-025-39431		· ·
3a. Address 3b. Phone No. (include area code) P.O. Box 51810 3b. Phone No. (include area code)			10. Field and Pool or E Maljamar; Grayburg-	. ,	
Midland, TX 797 10 4. Location of Well <i>(Footage, Sec. T</i>	Midland, TX 7970 432-688-6913 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2570'FSL and 1920'FWL; Sec. 21, T175, R32E			tate	
2570' FSL and 1920' FWL; Sec. 27, T17S, R32E			Lea County, New Me		
12. CHE	CK THE APPROPRIATE BOX(ES) TO I	NDICATE NATURE OF NOTI	CE, REPORT OR OTHE	IR DATA	··· ··
TYPE OF SUBMISSION		TYPE OF ACT	ΓΙΟΝ	::	
Notice of Intent		· _	luction (Start/Resume)	Water Shut-Off	
Subsequent Report			omplete	Other well type	<u> </u>
		· _	porarily Abandon er Disposal		
Final Abandonment Notice	Convert to Injection Pl		·····		
determined that the site is ready for ConocoPhillips Company respectful	I Abandonment Notices must be filed only or final inspection.) Illy requests approval to change plans at it would be beneficial to drill and com	for this well. This well was or	iginally permitted as ar	oil well. A review of our long	
Appropriate Applications for Author	rization to Inject are being sought. No i	njection will occur until regula	atory approvals are in p	lace.	
This well is expected to spud Marc	h 2013.				
'Condition for Approval' Approval for recompleting ONLY. Cannot inject into the wellbore without an Injection order approved by the OCD Santa Fe Office. SUBJECT TO I APPROVAL B				E TATE	
	1			÷	
14. I hereby certify that the foregoing is Susan B. Maunder	true and correct. Name (Printed/Typed)	Title Senior Regulatory	Specialist		
Signature SUSAN P	. Maunder	Date 12/17/2012		APPROVED]
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by Conditions of approval, if any, are attacht that the applicant holds legal or equitable entitle the applicant to confluct opprations	ed. Approval of this notice does not warrant of this notice does not warrant of the subject lease which	Title or certify would Office		JAN 29 2013	
Title 18 U.S.C. Section 1001 and Title 4	3 U.S.C. Section 1212, niake it a crime for any resentations as to any matter within its jurisdic		to make to any department	OFFICE or agency of the United States any	the second s
(Instructions on page 2)				FEB 0 5 2013	

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