

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OGD

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

OCT 16

5. Lease Serial No.
NMLC0557686

6. If Indian, Allottee or Tribe Name

RECEIVED

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 page 2.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit of CA/Agreement, Name and/or No.
2. Name of Operator ConocoPhillips Company		8. Well Name and No. SEMU Tubb 122
3a. Address P. O. Box 51810 Midland TX 79710	3b. Phone No. (include area code) (432)688-9174	9. API Well No. 30-025-30429
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UL D, 766' FNL & 766' FWL, Sec 23, 20S, 37E		10. Field and Pool or Exploratory Area Monument; Tubb
		11. County or Parish, State Lea NM

12. CHECK THE 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 <u>pool consolidation</u>
	<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 recomplete 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)
ConocoPhillips Company respectfully request to change pool code for this well due to pool consolidation. Monument; Tubb (47090) pool will now be consolidation pool SEMU; Blinebry-Tubb-Drinkard pool (63080).

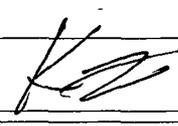
Effective date of order #R-13642 is November 1, 2012.

Attached is the C-102.

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

Title: Staff Regulatory Technician

Signature: 

Date: 01/28/2013 

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title: Petroleum Engineer Date: DEC 04 2013

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.

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 04 2013