HOBBS OCD

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

BUREAU OF LAND MANAGEMENT JAN 2 3 LOIT 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 RECEIVED				. Lease Serial No.	July 31, 2010	
				NMLC057210		
				6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.				. If Unit or CA/Agree	ment, Name and/or No.	
1. Type of Well				. Well Name and No. MCA UNIT 449		
☐ Oil Well ☐ Gas Well ☑ Ofther: INJECTION 2. Name of Operator Contact: ASHLEY BERGEN				. API Well No.		
2. Name of Operator Contact: ASHLEY BERGEN CONOCOPHILLIPS E-Mail: ashley.bergen@conocophillips.com				30-025-39429		
3a. Address P.O. BOX 51810 MIDLAND, TX 79710	Phone No. (include area code 432-688-6983) 1	10. Field and Pool, or Exploratory MALJAMAR; GRAYBURG, SAN A			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, and State		
Sec 27 T17S R32E NENW 760FNL 1430FWL				LEA COUNTY, NM		
12. CHECK APPR	OPRIATE BOX(ES) TO INI	DICATE NATURE OF	NOTICE, REP	ORT, OR OTHER	R DATA	
TYPE OF SUBMISSION		ТҮРЕ О	F ACTION			
	☐ Acidize	☐ Deepen	☐ Production	(Start/Resume)	☐ Water Shut-Off	
☐ Notice of Intent	☐ Alter Casing	☐ Fracture Treat	□ Reclamation	on	■ Well Integrity	
Subsequent Report ■	☐ Casing Repair	■ New Construction	☐ Recomplete		Other ■	
☐ Final Abandonment Notice			☐ Temporarily Abandon			
_	☐ Convert to Injection	☐ Plug Back ☐ Water		osal		
Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi	operations. If the operation results in andonment Notices shall be filed only nal inspection.)	n a multiple completion or reco	ompletion in a new	interval, a Form 3160	1-4 shall be filed once	
14. I hereby certify that the foregoing is	Electronic Submission #23207	4 verified by the BLM We		ystem		
Name (Printed/Typed) ASHLEY B	Title STAFF	STAFF REGULATORY TECH				
Signature (Electronic S	ubmission)	Date 01/14/2	014			
	THIS SPACE FOR F	EDERAL OR STATE	OFFICE USE	·		
Approved By		Title			Date	
Conditions of approval, if any, are attached	I		VÁ	<u> </u>		
ertify that the applicant holds legal or equi hich would entitle the applicant to conduc	table title to those rights in the subject			X <i>U</i>		
itle 18 U.S.C. Section 1001 and Title 43 U.States any false, fictitious or fraudulent st	J.S.C. Section 1212, make it a crime atements or representations as to any	for any person knowingly and	willfully to make	to any department or a	gency of the United	

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

WFX-908

