

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBS OCD

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

**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.*

MAR 24 2014

**SUBMIT IN TRIPLICATE - Other instructions on reverse side. RECEIVED**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMMN27508
2. Name of Operator CONOCOPHILLIPS		6. If Indian, Allottee or Tribe Name
Contact: ASHLEY BERGEN E-Mail: ashley.bergen@conocophillips.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P.O. BOX 51810 MIDLAND, TX 79710	3b. Phone No. (include area code) Ph: 432-688-6983	8. Well Name and No. WILDER FEDERAL AC 29 5H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 29 T26S R32E NENE.724FNL 877FEL		9. API Well No. 30-025-41509
		10. Field and Pool, or Exploratory JENNING; BONE SPRINGS, UP
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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 recompleat 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 recompleat 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.)

2/15/14 MIRU H & P 486. RIH w/ 17 1/2" bit & drilled ahead to 1015' spud TD reached on 2/16/14. RIH w/ 13 3/8", 54.5#, J-55 csg set @ 996'. Pre-flush w/ 20 bbls FW. Pumped 520 sx (153 bbls) of class C lead cmt & 440 sx (107 bbls) of class C tail cmt. Drop plug & disp w/ 118 bbls FW, bump plug & circ 117 bbls to surf. NU BOP. Test csg 1500#- test good. RIH w/ 12 1/4" bit & drilled ahead to 4515'. RIH w/ 9 5/8", 36#, J-55 csg set @ 4508'. Pre-flush w/ 20 bbls FW. Pumped 902 sx (405 bbls) of class C lead cmt & 384 sx (93 bbls) of class C tail cmt. Drop plug, disp w/ 346 bbls of FW, bump plug w/ 1760# & circ 85 bbls to surf. PT 2500#- test good. RIH w/ 8 3/4" bit & drilled ahead to 13,820' (TD/MD) reached on 3/3/14. RIH w/ 5 1/2", 23#, L-80, csg set @ 13,809'. Pre-flush w/ 30 bbls FW. Pumped 328 sx (138 bbls) of LiteCRETE lead cmt & 425 sx (185 bbls) of LiteCRETE of lead cmt & 1370 sx (342 bbls) of conventional tail cmt. Dropped plug, disp w/ 292 bbls FW, bump plug & TOC 210'. ND NOP NU WH. RDMO.

OCD Conditions of Approval ==  
Accepted for RECORD ONLY. All Federal  
forms requires BLM Approval.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #239163 verified by the BLM Well Information System  
For CONOCOPHILLIPS, sent to the Hobbs**

Name (Printed/Typed) ASHLEY BERGEN	Title STAFF REGULATORY TECH
Signature (Electronic Submission)	Date 03/18/2014

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____
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.

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

MJB/OCD 4/11/2014

**Accepted for Record Only**

APR 14 2014