

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

5. Lease Serial No.
NMLC068281B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

8. Well Name and No.
BUCK FEDERAL 20 3H

9. API Well No.
30-025-40503

10. Field and Pool, or Exploratory
JENNINGS; UPPER BS SHALE

11. County or Parish, and State
LEA COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
CONOCOPHILLIPS COMPANY
Contact: KRISTINA MICKENS
E-Mail: kristina.mickens@conocophillips.com

3a. Address
600 N DAIRY ASHFORD P-10-4056
HOUSTON, TX 77079

3b. Phone No. (include area code)
Ph: 281-206-5202

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 20 T26S R32E NENW 190FNL 2575FWL

RECEIVED
AUG 21 2014
HOBBS OCD

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 checked="" 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 type="checkbox"/> Other
	<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 shall 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 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.)

Per conversation with BLM Representative, Sol Hughes on 04/09/2014, regarding Notice of Written Order # 14-SH-084W, ConocoPhillips Company respectfully requests to reclaim the west and south sides of the multi-well pad approximately 150' from wellhead. The remainder of the well pad is needed in the event a work-over must be performed on one of the four wells on location.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #242506 verified by the BLM Well Information System
For CONOCOPHILLIPS COMPANY, sent to the Hobbs

Name (Printed/Typed) KRISTINA MICKENS Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 04/16/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By *James R. Lane* Title *SPE T* Date *8-3-14*

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 *CRD*

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 ****

MMS/OCD 8/21/2014

AUG 21 2014

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