

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

NOV 01 2014

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. **RECEIVED**

5. Lease Serial No. NMLC031670A
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No. SEMU 245
9. API Well No. 30-025-42017
10. Field and Pool, or Exploratory SKAGGS; GRAYBURG
11. County or Parish, and State LEA COUNTY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator CONOCOPHILLIPS	Contact: TAMARICA STEWART E-Mail: tamarica.stewart@conocophillips.com
3a. Address 600 N. DAIRY ASHFORD RD P-10-03-3007A HOUSTON, TX 77079	3b. Phone No. (include area code) Ph: 281-206-5612
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 19 T20S R38E Mer NMP NWSE 1528FSL 2204FEL	

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 Drilling Operations
	<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 recomplate 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.)

8/16 MRIU PREC 822.
RIH WITH A 12 1/4" DRILL BIT, DRILLED AHEAD TO 1418' REACHED ON 8/18/2014.
8/18/2014 RIH WITH 35 JTS, 8 5/8", 24 #, J-55 CSG SET @ 1403'.
PUMPED 550 SX (166 BBLS) OF CLASS C LEAD CMT AND 672 SX (159 BBLS) OF CLASS C TAIL CMT. DISP WITH 87 BBLS OF FW, CIRC WITH 155 BBLS TO SURF.
NU BOP. WOC PER BLM
8/19/2014 PT-1500#/30 MIN-TEST GOOD
RIH WITH 7 7/8" DRILL BIT.
8/22/2014 DRILLED AHEAD TO 4262' (TD). RIH WITH 99 JTS, 5 1/2", 17#, L-80 CSG SET @ 4219'.
8/23/2014 PUMPED 561 SX (226 BBLS) OF CLASS-C LEAD CMT AND 253 SX (62 BBLS) OF CLASS 20:65 POZ-H TAIL CMT. DISP WITH 97 BBLS OF FW, BUMP PLUG AND CIRC 90 BBLS TO SURF. ND BOP NU WH. RDMO

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

**Electronic Submission #259008 verified by the BLM Well Information System
For CONOCOPHILLIPS, sent to the Hobbs**

Name (Printed/Typed) TAMARICA STEWART

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 08/29/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

E-PERMITTING
P&A NR
INT to P&A
CSNGMB
TA

P&A R _____

Chng Loc _____

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 any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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

NOV 05 2014