

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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.

HOBBSCO

JAN 02 2015

5. Lease Serial No.
NMLC068281B

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
BUCK 17 FEDERAL SWD 1

9. API Well No.
30-025-40482-00-S1

10. Field and Pool, or Exploratory SWD

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other: INJECTION

2. Name of Operator
CONOCOPHILLIPS COMPANY
Contact: ASHLEY BERGEN
E-Mail: ashley.bergen@conocophillips.com

3a. Address
MIDLAND, TX 79710

3b. Phone No. (include area code)
Ph: 432-688-6983

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 17 T26S R32E SENW 2284FNL 1950FWL

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 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 Well Test
	<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.)

ConocoPhillips Company respectfully requests to perform a step rate test on the well above on 12/22/2014.

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

**Electronic Submission #285979 verified by the BLM Well Information System
For CONOCOPHILLIPS COMPANY, sent to the Hobbs
Committed to AFMSS for processing by CHRISTOPHER WALLS on 12/22/2014 (15CRW0033SE)**

Name (Printed/Typed) ASHLEY BERGEN Title STAFF REGULATORY TECH

Signature (Electronic Submission) Date 12/22/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

APPROVED

DEC 22 2014
/s/ Chris Walls

Date 12/22/2014

Office Hobbs

BUREAU OF LAND MANAGEMENT
CARLSBAD

Approved By (BLM Approver Not Specified) _____
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.

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 department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

** BLM REVISED **

FOR RECORD ONLY

1/6/2015 JAN 07 2015

Conditions of Approval

**ConocoPhillips
Buck Fed 17 SWD 1
30-025-40482**

1. Submit the well's stabilized current psig/ft surface pressure to the top perforation.
2. Submit an anticipated bottom hole fracture pressure for the field or pool formation.
3. State the **targeted** maximum bbl/min injection rate. **The objective is to avoid fracturing the injection formation.**
4. Submit the injection fluid lbs/gal weight.
5. Submit an anticipated formation fracture or breakdown pressure at the injection top.
6. Stop injection a minimum of 48 hours and record the tubing pressure as it drops. The pressure should stabilize at or below the NMOCD permitted pressure for 8 hours. Document the pressure test on a seven day full rotation calibrated recorder chart registering within 25 to 85 per cent of its full range.
7. Calculate seven injection rates by multiplying the targeted maximum bbl/min injection by 0.05 for Step 1, 0.10 for Step 2, 0.20 for Step 3, 0.40 for Step 4, 0.60 for Step 5, 0.80 for Step 6, and 1.00 for Step 7. Record both surface and top perforation step pressures at five minute increments. Each step's time duration (usually 30 minutes) should be within 1 minute or less of the preceding step. If stabilized pressure values ($\Delta \pm 15$ psig) are not obtained between the last two (five minute) increments the test results will be considered inconclusive.
8. The Step Rate fluid used should be the same as the proposed injection fluid.
9. Flow rates are to be controlled with a constant flow regulator and measured with a turbine flow meter calibrated within 0.1 bbl/min. Record those rates using a chart recorder or strip chart.
10. Use a down hole transmitting pressure device and a surface pressure device with accuracies of ± 10 psig to measure pressures.
11. **Notify BLM 575-200-7902 , if there is no response, 575-393-3612 Lea Co 24 hours before beginning the test. If no answer, leave a voice mail or email with the API#, workover purpose, and a call back phone number. Note the contact, time, & date in your subsequent report.**
12. When breakdown pressure is not achieved at the **targeted rate** the formation is accepting the injection fluid without fracturing, which is the **objective**. Stop the test.
13. ~~When the formation fracture pressure has been exceeded as evidenced by at least two rate-pressure combinations greater than the breakdown pressure stop the test and record the bottom hole Instantaneous Shut-in Pressure. This ISIP is considered the minimum pressure to hold open a fracture in this formation at this well. Fifty psig less than the ISIP is the maximum bottom hole pressure BLM will approve.~~
14. Record with each five minute interval the corresponding rate (bbl/min), down hole, and surface pressure (psig). Provide BLM with the tabulation of each five minute interval.

Include a graph showing the stabilized pressure at each injection rate. Submit that data to BLM with the shut-in pressure recording of paragraph 8.

CRW 122214

