

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.

5. Lease Serial No.
NMLC063458

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

7. If Unit or CA/Agreement, Name and/or No.
892000601H

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
WARREN UNIT 12

2. Name of Operator
CONOCOPHILLIPS COMPANY Contact: RHONDA ROGERS
E-Mail: rogers@conocophillips.com

9. API Well No.
30-025-07880-00-S2

3a. Address
MIDLAND, TX 79710

3b. Phone No. (include area code)
Ph: 432-688-9174 **HOBBSOCD**

10. Field and Pool, or Exploratory
WARREN

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 34 T20S R38E SESW 660FSL 1980FWL

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

APR 06 2015

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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Venting and/or Flaring
	<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.)

ConocoPhillips respectfully request to flare at the Warren Unit Battery 1 thru 5/14/14 because of Targa shut in.
Number of wells: 25 List attached
Estimated volumes of gas to flare: 450 MCF

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #242150 verified by the BLM Well Information System
For CONOCOPHILLIPS COMPANY, sent to the Hobbs
Committed to AFMS for processing by LINDA JIMENEZ on 05/22/2014 (14LJ0149SE)**

Name (Printed/Typed) RHONDA ROGERS Title STAFF REGULATORY TECHNICIAN

Signature (Electronic Submission) Date 04/14/2014

ACCEPTED FOR RECORD
MAR 31 2015
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

MRS/OCD 4/6/2015

Accepted for Record Only

APR 07 2015

AM

Warren Battery 1**23 Wells**

Wells	API#
Warren Unit 12	30-025-07880
Warren Unit 15	30-025-07875
Warren Unit 18	30-025-07883
Warren Unit 19	30-025-07878
Warren Unit 21	30-025-07879
Warren Unit 38	30-025-25189
Warren Unit 76	30-025-26313
Warren Unit 97	30-025-31179
Warren Unit 99	30-025-31175
Warren Unit 101	30-025-33770
Warren Unit 102	30-025-33771
Warren Unit 106	30-025-31936
Warren Unit 202	30-025-33624
Warren Unit 203	30-025-32995
Warren Unit 204	30-025-33640
Warren Unit 206	30-025-33941
Warren Unit 207	30-025-33619
Warren Unit 208	30-025-32996
Warren Unit 209	30-025-33625
Warren Unit 212	30-025-33916
Warren Unit 213	30-025-33917
Warren Unit 214	30-025-33918
Warren Unit 215	30-025-33942

Warren Unit 12
30-025-07880
Conocophillips Company
March 31, 2015
Conditions of Approval

1. Report all volumes on OGOR B as disposition code 08.
2. Comply with NTL-4A requirements
3. Subject to like approval from NMOCD
4. Flared volumes will still require payment of royalties
5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.
6. This approval does not authorize any additional surface disturbance.
7. Submit updated facility diagram as per Onshore Order #3.
8. Approval not to exceed 90 days for date of approval.
9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).
10. If flaring is still required past 90 days submit new request for approval.
11. If a portable unit is used to flare gas it must be monitored at all times.
12. Comply with any restrictions or regulations when on State or Fee surface.

033115 JAM