form 3160-5 August 2007)	UNITED STATES DEPARTMENT OF THE INTERIOR				FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010		
	BUREAU OF LAND MANAGEMENT OCD Hobbs					5. Lease Serial No. NMLC029405B 6. If Indian, Allottee or Tribe Name	
	anter an TODDS UCD						
SUBMIT IN TRIPLICATE - Other instructions on reverse sid					7. If Unit or CA/Agreement, Name and/or No.		
<ol> <li>Type of Well</li> <li>Oil Well</li> </ol>		RECEIVED 8. Well Name and No. RUBY FEDERAL 29					
2. Name of Operat CONOCOPH	UNDER 9. API Well No. ophillips.com 30-025-41502-00-3		00-S1				
3a. Address			3b. Phone No. Ph: 281-20	(include area code	)	10. Field and Pool, or MALJAMAR	Exploratory
MIDLAND, T				0-0201			
4. Location of We	11. County or Parish, and State						
Sec 17 T17S 32.501265 N		LEA COUNTY, NM					
1:	2. CHECK APPRO	OPRIATE BOX(ES) TO	O INDICATE	NATURE OF	NOTICE, R	EPORT, OR OTHE	R DATA
TYPE OF SUBMISSION				TYPE OF ACTION			
D Notice of h	ntent	Acidize	Deepen		Production (Start/Resume)		U Water Shut-Off
□ Notice of Intent		Alter Casing	Frac	Fracture Treat		ation	U Well Integrity
Subsequent Report		Casing Repair	New	New Construction		plete	D Other
Final Abandonment Notice		Change Plans	Plug	Plug and Abandon		rarily Abandon	
Convert to Injection			Plug Back Water			Disposal	
following comp testing has been determined that ConocoPhilli activities, Ex	bletion of the involved on completed. Final Abar the site is ready for final ps Company respe	ctfully submits this subs	sults in a multipl ed only after all i sequent report	e completion or rec equirements, inclu-	completion in a ding reclamation	new interval, a Form 310	60-4 shall be filed once
Thank you fo	or your time spent r	eviewing this report.		Accer	ted for	Record Purpe	
	strong she report		Accepted for Record Purposes. Approval Subject to Onsite Inspection.				
				If BLM Objectives are not achieved,			
				additional work may be required.			uired.
				Date:	11- 7	7-15	uneu.
				Signa	ture:	fama a	? Amos
14. I hereby certify		Electronic Submission # For CONOCC	OPHILLIPS CO	MPANY, sent to	the Høbbs		
No. (Deine l		mitted to AFMSS for pro	cessing by LI	NDA JIMENEZ O	n 01/30/2015		
Name (Printed)	Typed) SUSAN B N	AUNDER		Title SENIC	R REGULA	TORY SPECIALIST	
Signature	(Electronic Su	bmission)	-	Date 12/08/2	2014		
		THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U	ISE	
Approved By				Title		1/	/ Date
Conditions of approval, if any, are attached. Approval of this notice does not warra certify that the applicant holds legal or equitable title to those rights in the subject lewhich would entitle the applicant to conduct operations thereon.				Office		A	
		S.C. Section 1212, make it a				nake to any department o	r agency of the United
States any talse, fr	cutious or fraudulent st	atements or representations as	s to any matter w	unin its jurisdiction	1.		

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*