

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.
NMLC058699

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.
MCA UNIT 273

9. API Well No.
30-025-23730

10. Field and Pool, or Exploratory
MALJAMAR

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

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

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

3a. Address
 P. O. BOX 51810
 MIDLAND, TX 79710

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 Sec 26 T17S R32E Mer NMP NWSW 1980FSL 560FWL

HOBBS OCD
MAR 17 2016
RECEIVED

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recombine
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back

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 recompletable 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 recompletable 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 experienced failed Bradenhead test. Attached are the procedures to repair. Attached is a current/proposed wellbore schematic

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #333765 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs

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

Signature (Electronic Submission) Date 03/15/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****
FOR RECORD ONLY

BB 3/29/16 OCD MAR 30 2016

MCA UNIT 273
 API #30-025-23730
 ISOLATE LEAK & RETURN TO INJECTION

Project Scope

Objective and Overview: Isolate leak and return to injection.

Perforations

Type	Formation	Top	Bottom
Perforations	Grayburg San Andres	4040'	4246'
TD		4188'	

Well Service Procedure:

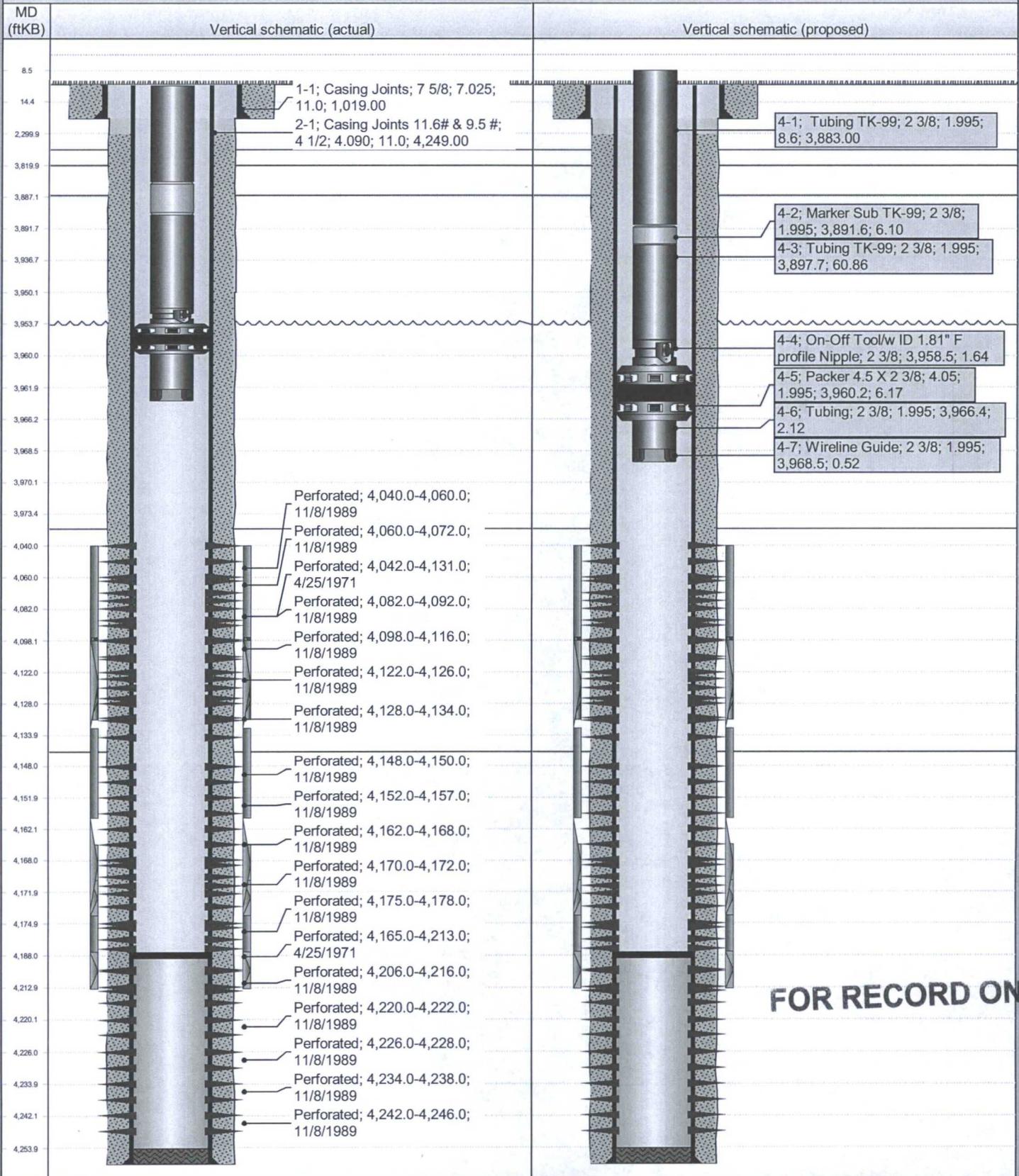
1. Verify the anchors have been tested prior to RU on well.
2. Review JSA prior to RU on well.
3. MI WSU RU. NDWH, NUBOP
4. Release packer
5. TOOH standing tubing, on/off tool and packer. (on the last pull on 7/30/2015 the on/off tool was damaged, please inspect on/off tool thoroughly)
6. Identify and replace any bad tubing.
7. RIH with the following: **NOTE: shop test packer-plug combination to 3000 psi**
 - 3965' of 2 3/8" IPC tubing (**test tubing to 5000 psi below the slips RIH**)
 - 1 – 2 3/8 on/off tool Nickel platter with 1.81" F-nipple with no go.
 - 1 – 2 3/8 X 4.5" Nipple Plated packer
 - 1 – 2 3/8 X 4' tubing sub.
 - 1 – 2 3/8 wireline guided (1.995")

Land and set bottom of packer assembly @ 3969'.
8. Monitor well bore pressure for 30 mins to confirm plug/packer are holding.
9. Circulate packer fluid to surface (3969' X .0108 = 42.83bbbls. total).
10. Latch onto on/off tool. RU pump truck to casing and pressure test casing/packer to 550 psi.
11. If casing/packer test passes, RU chart recorder with 1000 psi chart and pressure test casing/packer to 550 psi for 35 mins.
12. Note: need to notify the OCD and BLM of the impending test.
13. Run in hole with wireline and retrieve plug and handover well
14. RD. Clean up location.

FOR RECORD ONLY

District PERMIAN CONVENTIONAL	Field Name MALJAMAR	API / UWI 300252373000	County LEA	State/Province NEW MEXICO
Original Spud Date 4/1/1971	Surface Legal Location Sec. 26, T-17S, R-32E	E/W Dist (ft) 560.00	E/W Ref W	N/S Dist (ft) 1,980.00
N/S Ref S				

VERTICAL - Main Hole, 3/14/2016 10:10:24 AM



FOR RECORD ONLY