

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

JUN 08 2016

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.
NMLC059001

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
MCA UNIT 223

9. API Well No.
30-025-00800

10. Field and Pool, or Exploratory
MALJAMAR

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: GREG BRYANT
E-Mail: GREG.BRYANT@BASICENERGYSERVICES.COM

3a. Address
3300 N. 'A' ST 6-100
MIDLAND, TX 79705

3b. Phone No. (include area code)
Ph: 432-563-3355

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 33 T17S R32E 660FNL 1980FEL
32.796482 N Lat, 103.769287 W Lon

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/Resu
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans	<input checked="" 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

INT TO PA _____
P&A NR _____
P&A R PM x

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 recomple 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 recomple 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.)

- 5/2/16 - MIRU, killed well
- 5/3/16 - POOH & LD Prod Tbg. Set PKR @ 3009' - Sqz 20sx cmt @ 1500psi.
- 5/4/16 - Tag @ 3475'. Set CIBP @ 3450', circ hole, cap BP w/ 25sx cmt
- 5/5/16 - Tag @ 2465'. Perf @ 2150' - Sqz 40sx cmt - Tag @ 1908'. Perf @ 1225' - Sqz 40sx cmt
- 5/6/16 - Found holes @ 70'-80'. Tag @ 995'. Perf @ 300' - RIH to 376' & pump 12sx cmt, POOH, put on flange & pump 148sx cmt (did not circ), disp to 70'
- 5/9/16 - Perf @ 60'. RIH 2 jts, pump 3sx cmt to surface, pump 22sx cmt inside 8-5/8" to surface. RDMO

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #341018 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs

Name (Printed/Typed) GREG BRYANT Title AGENT

Signature (Electronic Submission) Date 06/03/2016

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

MW/OCD 6/9/16

State of New Mexico
Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

David Martin
Cabinet Secretary

Brett F. Woods, Ph.D.
Deputy Cabinet Secretary

David Catanach, Director
Oil Conservation Division



Response Required - Deadline Enclosed

Underground Injection Control Program

"Protecting Our Underground Sources of Drinking Water"

18-Feb-16

CONOCOPHILLIPS COMPANY
3300 N A STREET BLDG 6 #247
MIDLAND TX 79710-0000

**LETTER OF VIOLATION and SHUT-IN DIRECTIVE
Failed Mechanical Integrity Test**

Dear Operator:

The following test(s) were performed on the listed dates on the following well(s) shown below in the test detail section.

The test(s) indicates that the well or wells failed to meet mechanical integrity standards of the New Mexico Oil Conservation Division. To comply with guidelines established by the U.S. Environmental Protection Agency, the well(s) must be shut-in immediately until it is successfully repaired. The test detail section which follows indicates preliminary findings and/or probable causes of the failure. This determination is based on a test of your well or facility by an inspector employed by the Oil Conservation Division. Additional testing during the repair operation may be necessary to properly identify the nature of the well failure.

Please notify the proper district office of the Division at least 48 hours prior to the date and time that the well(s) will be retested so the test may be witnessed by a field representative.

MECHANICAL INTEGRITY TEST DETAIL SECTION

MCA UNIT No.223

30-025-00800-00-00
B-33-17S-32E

Active Injection - (All Types)

Test Date:	2/18/2016	Permitted Injection PSI:	Actual PSI:		
Test Reason:	Annual IMIT	Test Result:	F	Repair Due:	5/23/2016
Test Type:	Std. Annulus Pres. Test	FAIL TYPE:	Other Internal Failure	FAIL CAUSE:	
Comments on MIT:	MIT-FAILURE. RULE: 19.15.26.11				

NOI approved BLM 4/6/16 → sent to NMOC