

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OGD-HOBBSFORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

## 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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
**ConocoPhillips Company**3a. Address  
**4001 Penbrook Street Odessa TX 79762**3b. Phone No. (include area code)  
**(505)391-3128**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**660 FNL & 660 FEL  
UL."A", Sec.26, T20S, R38E**

5. Lease Serial No.

**LC - 063458**

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

**Warren Unit Blinbry Tubb #64**

9. API Well No.

**30-025-26206**

10. Field and Pool, or Exploratory Area

**Warren Blinbry Tubb O&G**

11. County or Parish, State

**Lea  
New Mexico**

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

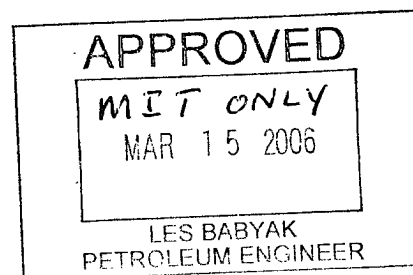
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> 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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" 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 recompleat 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 recompleat 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 requests approval to Temporary abandon the well referenced above using the following the following procedures.**

**(See attached procedures)**

APPROVAL SUBJECT TO  
GENERAL REQUIREMENTS  
AND SPECIAL STIPULATIONS  
ATTACHED

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)**John Abney**Title **SHEar Specialist**

Signature

Date **03/03/2006**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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

Date

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.

(Instructions on page 2)

GWW

## Well Setup

Legal WellName WARREN UNIT 064	Common WellName 64	Operator CONOCOPHILLIPS	Country USA	BU/JV Lower 48 - MA	Region/Division	District PERMIAN
Lat/Long Datum	Latitude (DMS) 32° 32' 58.02" N	Longitude (DMS) 103° 6' 44.28" E	Field Name BLINEBRY	Well Type ROD PUMP	Hole Type	Area HOBBS
Orig KB Elev (ft) 3,575.00	Ground Elevation (ft) 3,564.00	CF Elev (ft) 0.00	TH Elev (ft) 0.00	Mud Line Elevation (ft)	Water Depth (ft)	ConocoPhillips WI (%)
API/Bottom Hole UWI 300252620600	DrillSite	Platform	Slot / Conductor	Spud Date 4/12/1979	Rig Release Date 4/27/1979	Abandon Date

## Directions To Well

## Hot Notes

Date	Type	Comment

## Job Setup

Job Category COMPLETIONS	Primary Job Type ABANDONMENT T&A	Secondary Job Type	Planned Start Date	Start Date 1/30/2006 00:00	End Date
AFE / RFE / Maint.#	Est Payout, days	MaxWell Job Number	Network Number	WBS Number	Producer or Injector Type

## Objective

ConocoPhillips Co.  
Warren Unit Blinebry Tubb #64  
API # 30-025-26206-0000  
Sec.26-T20S-R38E A  
Lea County, New Mexico

## PROPOSED TEMPORARY ABANDONMENT PROCEDURE TO ANALYZE OPPORTUNITIES:

1. Prior to temporary abandonment, shoot static fluid level and record static surface pressures in order to aid in reservoir analysis.
2. MIRU pulling unit. ND wellhead, NU BOP
3. POOH with production equipment and send in for inspections to evaluate cost to put well back on production, convert to injection or P&A.
4. RIH with working tubing string, bit & scraper to PBTD at  $\pm 6844'$ . POOH w/tubing, bit & scraper.
5. RIH w/ RBP & Packer for 7", K55, 23 lb/ft casing, set RBP within 50' above top perforation at 6012'.
6. POOH with one joint of tubing and set Packer and pressure test PBP by pressuring up on tubing; follow by pressure testing the backside above packer.
7. If the casing does not hold pressure, proceed to pull up the hole with the tubing and packer, pressure testing to isolate any casing leak.
8. POOH w/Tubing and Packer.
9. Circulate inhibited fluid including Biocide. POOH, LD tubing.
10. Pressure test casing to 500 psi for 30 min. Release pressure.
11. Send chart to John Abney to finalize TA. Change status of well to TA. Temporarily Abandoned.
12. ND BOP, NU wellhead, RDMO.

ejl

## Supervisor Contact

Company	Contact Name	Title	Mobile