

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

Energy, Minerals and Natural Resources

Revised August 1, 2011

HOBBS 000
AUG. 01 2017
RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-07882
5. Indicate Type of Lease STATE [] FEE []
6. State Oil & Gas Lease No. FEDERAL LEASE
7. Lease Name or Unit Agreement Name WARREN UNIT BLINEBRY TUBB WF
8. Well Number 020
9. OGRID Number 217817
10. Pool name or Wildcat WARREN; BLINEBRY TUBB O&G
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well [] Gas Well [] Other INJ WELL

2. Name of Operator ConocoPhillips Company

3. Address of Operator P. O. Box 51810
Midland, TX 79710

4. Well Location
Unit Letter E : 1980 feet from the NORTH line and 660 feet from the WEST line
Section 34 Township 20S Range 38E NMPM County LEA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []

OTHER: []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []

OTHER: LOV for failed BH test [X]

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/12/17 ConocoPhillips Company had BLM witness a MIT to 550#/30 mins -test good. Chart attached. BH test form attached.

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

[Signature of Rhonda Rogers]

TITLE Staff Regulatory Technician

DATE 07/27/2017

Type or print name Rhonda Rogers

E-mail address: rogerr@conocophillips.com

PHONE: (432)688-9174

For State Use Only

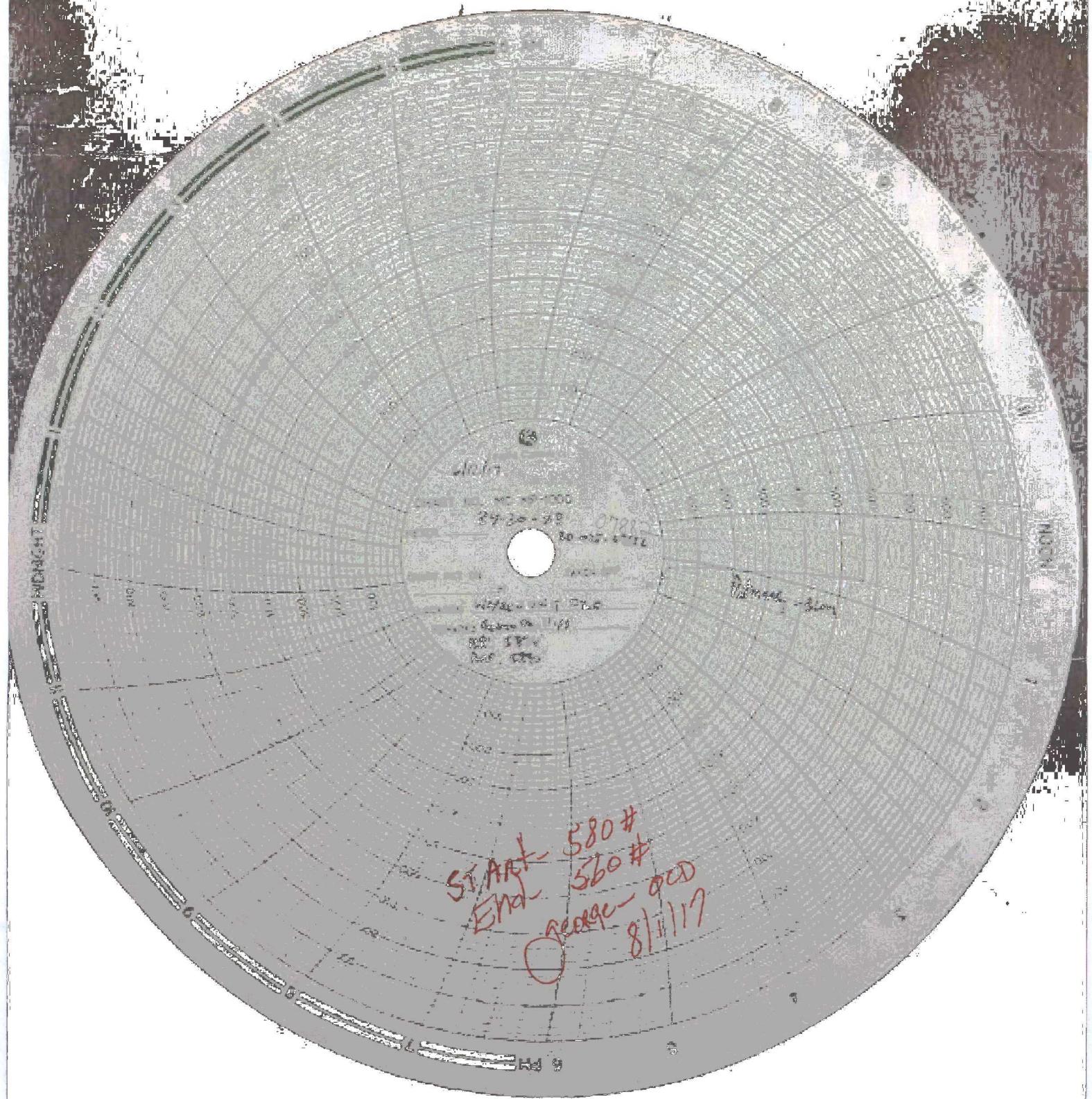
APPROVED BY:

[Signature]

TITLE Compliance Officer

DATE 8/1/17

Conditions of Approval (if any):



START - 580#
END - 560#
George - ocd
8/11/17