

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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.

HOBBS OGD
 RECEIVED
 FEB 6 2018

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Serial No. NMLC058408B
2. Name of Operator CONOCOPHILLIPS COMPANY Contact: RHONDA ROGERS E-Mail: rogers@conocophillips.com	6. If Indian, Allottee or Tribe Name
3a. Address P. O. BOX 51810 MIDLAND, TX 79710	7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 432-688-9174	8. Well Name and No. MCA BATTERY 4 NA
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec -2147483648 T17S R32E Mer NMP	9. API Well No.
	10. Field and Pool or Exploratory Area MALJAMAR
	11. County or Parish, State LEA COUNTY, NM

12. CHECK THE 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/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Venting and/or Flaring
	<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 recomplete 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must 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 would like to report the actual flare event on this facility. 4/24/17 THRU 4/28/17

METER #06022068

Month	Start Date	End Date	Total MCF	Flaring Reason
April	4/24/17	7:00am 4/28/17	11:00pm 522	Third party down time

25-00649

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #399879 verified by the BLM Well Information System
For CONOCOPHILLIPS COMPANY, sent to the Hobbs
Committed to AFMSS for processing by JENNIFER SANCHEZ on 01/08/2018 ()**

Name (Printed/Typed) RHONDA ROGERS	Title STAFF REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 01/08/2018

ACCEPTED FOR RECORD

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 _____

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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) **** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Accepted for Record Only
 MJB/OD 2/14/2018

MCA Battery 4

Lease	API #
MCA 83	3002500649
MCA 126	3002512709
MCA 128	3002500694
MCA 130	3002512708
MCA 136	3002501561
MCA 138	3002500683
MCA 140	3002500680
MCA 142	3002500699
MCA 191	3002500693
MCA 192	3002500689
MCA 193	3002500692
MCA 196	3002500686
MCA 313	3002524121
MCA 322	3002524218
MCA 330	3002524271
MCA 334	3002524368
MCA 337	3002524375
MCA 343	3002524483
MCA 344	3002524498
MCA 347	3002524515
MCA 348	3002524527
MCA 351	3002524547
MCA 352	3002524574
MCA 354	3002524599
MCA 366	3002529427
MCA 367	3002529855
MCA 375	3002530114
MCA 376	3002530127
MCA 377	3002530115
MCA 390	3002538852
MCA 391	3002538853
MCA 392	3002538854
MCA 398	3002538971
MCA 401	3002538974
MCA 448	3002539428
MCA 459	3002539316
MCA 460	3002539317
MCA 461	3002539346
MCA 464	3002539347
MCA 488	3002541393
Total	