

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
1B 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.

5. Lease Serial No.

32664

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Lockhart A-30 #7

9. API Well No.

30-025-04838

10. Field and Pool, or Exploratory Area

Eumont; Yates-7 RVRS-Queen (No Oil)

11. County or Parish, State

Lea

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

FEB - 4 2008

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
ConocoPhillips Company3a. Address 3b. Phone No (include area code)
3300 N. "A" Street, Bldg. 6 #243 Midland TX 79705-5402 688-6818

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

660 North 660 West
UL: D, Sec: 30, T: 21-S, R: 36-E
660' FNL and 660 FWL

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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input 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	

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.)

1. MIRU workover unit. ND wellhead and NU BOP. Load and test casing with 9 ppg brine (840 gal) to 500 psi and hold for 30 minutes.
2. MIRU reverse unit. PU and RIH with 4 3/4" bit and 5 1/2" casing scraper on 2 7/8", 6.5#, J-55 workstring. Drill out CIBP at 3800' and clean out to 4020' circulating well clean with 2% KCL water. POOH with casing scraper and drill bit. Stand back 2 7/8" WS. LD casing scraper and drill bit. RD reverse unit.
3. PU 3 1/2", 9.2#, N-80 workstring and RIH with a 5 1/2" RBP/packer combo. Set RBP at 3800', PU and set packer at 3785'+/- Pressure test RBP to 2500 psi. Release pressure. Spot 2 sx sand on RBP. TOOH with 3 1/2" WS and 5 1/2" packer. Stand back 3 1/2" WS.
4. Spot 20 bbls of 2% KCL water.

Continued on the back of

form-

01/10/2008... FILING TO CORRECT POOL NAME AND POOL CODE... POOL NAME: Eumont; Yates-7 Rvrs-Queen

(Proponent) certify that the foregoing is true and correct
Name (Printed/Typed)

Gay Thomas

Title POOL CODE: # 22800
Regulatory Technician

Signature

Gay Thomas

Date 01/10/2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

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.

OC DISTRICT SUPERVISOR/GENERAL MANAGER

Title

Office

Date

MAR 18 2008
JAN 31 2008

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)

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DEPARTMENT OF THE INTERIOR
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OMB No. 1004-0137
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SUNDRY NOTICES AND REPORTS ON WELLS

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SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
ConocoPhillips Company3a. Address 3b. Phone No. (include area code)
3300 N. "A" Street, Bldg. 6 #243 Midland TX 79705-5402 688-6818

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

660 North 660 West
UL: D, Sec: 30, T: 21-S, R: 36-E
660' FNL and 660' FWL

5. Lease Serial No.

NM 62664

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Lockhart A-30 #7

9. API Well No.

30-025-04838

10. Field and Pool, or Exploratory Area

Eumont; Yates-7 RVRS-Queen (Pro Oil)

11. County or Parish, State

Lea

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

TYPE OF SUBMISSION	TYPE OF ACTION			
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<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 checked="" type="checkbox"/> Other Workover
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>change status</u>
	<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 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 recompletion in a new interval, 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.)

PERFS: 3340' - 3488'

Acidz w/37 bblx 15%; 148 bbls 2% KCL

Frac w/86500 lbs 16/30 resin sand; 80000 tons co2 & 496 bbls clean fluid

FEB - 4 2008

HOBBS OCD

01/10/2008.....FILING TO CORRECT POOL NAME AND POOL CODE.....POOL NAME: Eumont; Yates-7 Rvrs-Queen (Pro Oil)

POOL CODE: # 22800

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Gay Thomas

Title Regulatory Technician

Signature



Date 02/01/2008

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

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WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Dry ☐ Other
b. Type of Completion ☐ New Well ☒ Work Over ☐ Deepen ☐ Plug Back ☐ Diff. Resvr.,
Other _____

2. Name of Operator
ConocoPhillips Company

3. Address 3300 N. "A" Street, Bldg. 6 #243 Midland TX 79705-5406
3.a Phone No. (Include area code) (432)688-6818

4. Location of Well (Report location clearly and in accordance with Federal requirements)*

At Surface 660' FNL & 660' FWL; UL "D", SEC 30; T 21-S; R 36-E

At top prod. interval reported below 660' FNL & 660' FWL; UL "D"

At total depth 660' FNL & 660' FWL; UL "D"

14. Date Spudded

05/19/1955

15. Date T.D. Reached

06/06/1955

16. Date Completed

☐ D & A ☒ Ready to Prod.
06/13/1955

18. Total Depth MD 4075'
TVD

19. Plug Back T.D.: MD 3975'
TVD

20. Depth Bridge Plug Set: MD 4060'
TVD

21. Type of Electric & Other Mechanical Logs Run (Submit copy of each)

22. Was well cored? ☒ No ☐ Yes (Submit analysis)
Was DST run? ☒ No ☐ Yes (Submit analysis)
Directional Survey? ☒ No ☐ Yes (Submit copy)

5. Lease Serial No.
NM 62664

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and no.

8. Lease Name and Well No.
Lockhart A-30 7

9. API Well No.

30-025-04838

10. Field and Pool, or Exploratory
Eumont; 7 Rivers-Queen (Pro Oil)

11. Sec., T., R., M., on Block and
Survey or Area D; sec 30; T21-S; R:36E

12. County or Parish
Lea

13. State
NM

17. Elevations (DF, RKB, RT, GL)*

3432 KB

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol (BBL)	Cement Top*	Amount Pulled
12-1/4"	8-5/8"	24#		1624'					
7-7/8"	5-1/2"	15.5#		4074'					

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2-3/8"	3905'	3307'						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf Status
A) Yates	3309'	3616'	3340' - 3488'		1 SPF	OPEN
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
3340' - 3488'	Acidz w/37 bblx 15%; 148 bbls 2% KCL
	Frac w/86500 lbs 16/30 resin sand; 80000 tons co2 & 496 bbls clean fluid

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
11/28/06	12/31/06	24	→	1	11	10	37.0	.746	PUMPING; 2x1.25 RHBC, 1-1/4, 2-5 PMP
Choke Size	Tbg Press Flwg. SI	Csg. Press. SI	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	
	150	52	→						

Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg Press Flwg. SI	Csg. Press. SI	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	
			→						

(See Instructions and spaces for additional data on page 2)

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg Press. Flwg. SI	Csg Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg Press. Flwg. SI	Csg Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

30. Summary of Porous Zones (Include Aquifers):

Show all important zones or porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
Anhydrite	1600'				
Salt	1710'				
Queen	4044'				
7 River	3556'				
Yates	3309'				

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd.)
 ☐ Geological Report
 ☐ DST Report
 ☐ Directional Survey
☐ Sundry Notice for plugging and cement verification
☐ Core Analysis
☐ Other

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) Gay ThomasTitle Regulatory Technician

Signature

Gay ThomasDate 01/31/2008

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