

RECEIVED  
Form 3160-3  
(April 2004)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
**OCD-HOBBS**

FORM APPROVED  
OM B No. 1004-0137  
Expires: March 31, 2007

MAR 26 2008

**SUNDRY NOTICES AND REPORTS ON WELLS**

**HOBBS OIL** 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 ☐ Other

2. Name of Operator  
ConocoPhillips Company

3a. Address 3b. Phone No. (include area code)  
3300 N. "A" Street, Bldg. 6 Midland TX 79705 (432)688-6884

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
2100' FSL & 1650' FWL  
Sec. 29, T-20-S, R-38-E, UL "K"

5. Lease Serial No.  
LC 031695(b)A  
6. If Indian, Allottee or Tribe Name  
7. If Unit or CA/Agreement, Name and/or No.  
8. Well Name and No.  
Warren Unit #83  
9. API Well No.  
30-025-26762  
10. Field and Pool, or Exploratory Area  
Warren; Grayburg-San Andres  
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 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 checked="" 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 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, 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.)

Request approval to recomplete well from the Blinbry to the San Andres.

It is planned to isolate the Blinbry by dump bailing 35' cement on top of CIBP @ +/- 5770', then, perforate the San Andres @ 4235-55', 4305-15', 4370-80', and 5160-5200' w/4 spf and fracture treat.

Pits will not be utilized, therefore, a pit permit will not be applicable.

\* Return well to production within 60 days or submit plans for abandonment.

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

Name (Printed/Typed)

Celeste G. Dale

Title Regulatory Specialist

Signature

Date 03/18/2008

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

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

APPROVED

Date

MAR 24 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.

JAMES A. AMOS  
SUPERVISOR-EPS

(Instructions on page 2)

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
**District II**  
1301 W. Grand Avenue, Artesia, NM 88210  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
**District IV**  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised October 12, 2005  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

|   |  |   |
|---|--|---|
| <sup>1</sup> API Number<br>30-025-26762 | <sup>2</sup> Pool Code<br>96343 ✓                    | <sup>3</sup> Pool Name<br>Warren; Grayburg-San Andres ✓ |
| <sup>4</sup> Property Code<br>31488     | <sup>5</sup> Property Name<br>Warren Unit            | <sup>6</sup> Well Number<br>#83                         |
| <sup>7</sup> OGRID No.<br>217817 ✓      | <sup>8</sup> Operator Name<br>ConocoPhillips Company | <sup>9</sup> Elevation<br>3519' GR                      |

**<sup>10</sup> Surface Location**

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| K             | 29      | 20S      | 38E   |         | 2100          | South            | 1650          | West           | Lea    |

**<sup>11</sup> Bottom Hole Location If Different From Surface**

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
|               |         |          |       |         |               |                  |               |                |        |

|                                       |                               |                                  |                         |
|---------------------------------------|-------------------------------|----------------------------------|-------------------------|
| <sup>12</sup> Dedicated Acres<br>40 ✓ | <sup>13</sup> Joint or Infill | <sup>14</sup> Consolidation Code | <sup>15</sup> Order No. |
|---------------------------------------|-------------------------------|----------------------------------|-------------------------|

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

|  |   |
|--|---|
| <div style="position: relative; height: 200px;"> <span style="position: absolute; top: 0; left: 0;">16</span> </div> | <p><b><sup>17</sup> OPERATOR CERTIFICATION</b><br/>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division</p> <p><i>Celeste G. Dale</i> 03/18/2008<br/>Signature Date</p> <p>Celeste G. Dale<br/>Printed Name</p> |
|  | <p><b><sup>18</sup> SURVEYOR CERTIFICATION</b><br/>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p>  |
|  | <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>   |
|  | <p>Certificate Number</p>   |