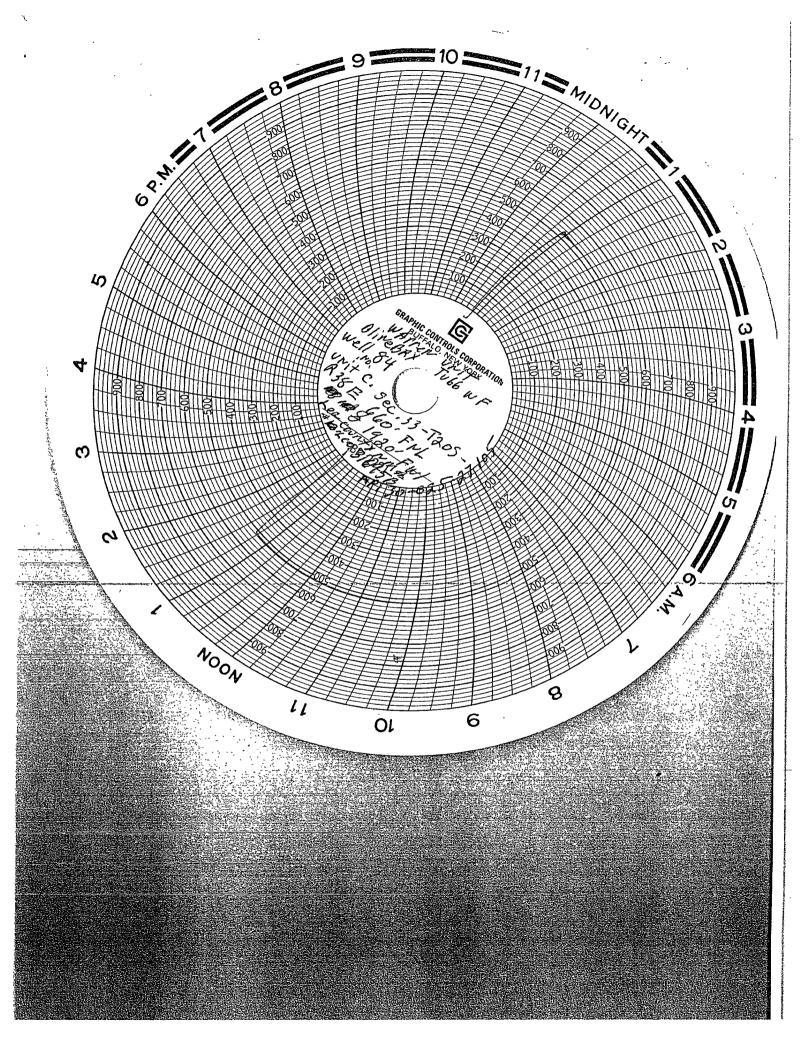
## RECEIVED

OCO-HONDS

Form 3160-5	UNITED STATES		O(3)-13/11			
February 2005) <b>FEB</b> 1 <b>0</b> 2 <b>0</b> 6	PARTMENT OF THE	INTERIOR		OM B No 1004-0137 Expires: March 31, 2007		
BUREAU OF LAND MANAGEMENT				5. Lease Serial No. LC031695B		
	NOTICES AND REP			6. If Indian, Allottee or Tribe Name		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160 - 3 (APD) for such proposals.				N/A		
	PLICATE- Other instr			7. If Unit or CA/Agreement, Name and/or No.		
1 Type of Well						
Oil Well 🗆	Gas Well Other		8. Well Name and No. Warren Unit # 84			
2. Name of Operator ConocoPhilli	21 71 - 21 - (	9. API Well No. No (include area code) 30-025-27105				
3a Address P.O. Box 51810 Midland, Tx 79710		432-688-6943	nuce area code)	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Warren Grayburg/San Andres  11. County or Parish, State		
660 FNL & 1920 FWL UL: C of 33-20S-38E				1		
				Lea County, New Mexico		
12. CHECK A	PPROPRIATE BOX(ES) TO			REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	,		TYPE OF ACTION			
	Acidize	Deepen	Production (St	· -		
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	☐ Well Integrity ☐ Other Workover & TA		
Subsequent Report	Casing Repair	New Constructi				
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Aband Plug Back	Water Disposal			
determined that the site is read Workover 2/22/08-3/5/200 top. Perforate Lower San Workover 10/31/08-11/5/0	y for final inspection ) 08: MIRU. Tag CIBP@5740' Andres at 5270-5280; 5196-52 08: MIRU. RIH w/bit and scr	. Log well from 574 206; 5082-5092; 500 aper. POOH and p	10 to 3500'. Made 2 run: 00-5015. Operations shi u RBP and set at 4951'.	s w/cement bailer and dump 35' of cement on ut down due to weather.  RDMO. Unsuccessful  oved in August 2008 has not been executed at		
this time.  ConocoPhillips Company		ry abandonment st		lan is to plug and abandon this well and the		
_	ecember 3, 2008 and the char					
ubm: TPOA.	NOZBU		A T			
		AME	NDED			
1 ARCH 200%	2	LATATE				
14. I hereby certify that the for Name (Printed/Typed)  Donna William	1	Tit	le Sr. Regulatory Speci	ialist		
Signature		Da	Date 12/23/2008			
	THIS SPACE FOR	FEDERAL O	R STATE OFFICE	E USE		
	7 A A A A					
Approved by	/ Kittork /_		Title LIET	Date 128/09		
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant	al or equitable title to those rights	e does not warrant or in the subject lease	Office CFC	) Rz		
Total 10 Mag Constitution appropriate	4. 42 IIC C Section 1212 make u	ta crime for any nero	on knowingly and willful	ly to make to any department or agency of the Unit		



Som Man 1/2.3.08