

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.

DEC 14 2009
HOBBS

SUBMIT IN TRIPLICATE - Other instructions on reverse side.		5. Lease Serial No. NMLC059001
1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		6. If Indian, Allottee or Tribe Name
2. Name of Operator CONOCOPHILLIPS		7. If Unit or CA/Agreement, Name and/or No.
Contact: JALYN N FISKE E-Mail: jalyn.fiske@conocophillips.com		8. Well Name and No. MCA UNIT 223
3a. Address 330 NORTH "A" STREET BLDG 6 MIDLAND, TX 79705	3b. Phone No. (include area code) Ph: 432-688-6813	9. API Well No. 30-025-00800
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T17S R32E NWNE 660FNL 1980FEL		10. Field and Pool, or Exploratory MALJAMAR;GRAYBURG-SANANDR
		11. County or Parish, and State LEA COUNTY, NM

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 type="checkbox"/> Recomplete	<input checked="" 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 recompleate 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 recompleation 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.)

MCA 223 is currently injecting water.
ConocoPhillips intends to perform a step-rate test on this well in the January 2010 timeframe.
Proposed procedure is attached.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #78752 verified by the BLM Well Information System For CONOCOPHILLIPS, sent to the Hobbs	
Name (Printed/Typed) JALYN N FISKE	Title REGULATORY SPECIALIST
Signature (Electronic Submission)	Date 12/11/2009

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 _____

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

1. MI & RU well service unit. POOH w/ rods & pump.
2. NU BOP. POOH w/ tbg.
3. RIH w/ tbg, bit & scraper. POOH w/ tbg.
4. RIH w/ tbg & PKR. Test tbg below slips to 4000# while RIH.
5. Set PKR approximately 50 ft. above top perforation.
6. RU pump truck. Establish pump-in rate @ 500# w/ fresh water.

Run multi-rate test @ 15 min. increments. Record rate & prs at end of each 15 min. increment.

Step	Time: min.		Surface Prs	Rate		Volume: bbl	
	per step	cum	psig	BP M	equiv BPD	per step	cum
1	15	15	500				
2	15	30	750				
3	15	45	1000				
4	15	60	1500				
5	15	75	2000				
6	15	90	2500				

7. POOH w/ tbg & PKR
8. RIH w/ tbg. ND BOP. RIH w/ rods & pump. RD well service unit.