				(0-220)	
Form 3160 ECEIVED OCD Hobbs	0.1:4 [0	tate		APPROVED 1004-0137	
APR Q 12010 UNITED STATES APR Q 12010 DEPARTMENT OF THE HOBESOCLEUREAU OF LAND MAN			J. Dease Seria No.	uły 31, 2010	
HOBESOCIEVEAU OF LAND MAN	VAGEMENT		LC 063458		
APPLICATION FOR PERMIT TO	DRILL OR REENTER		6. If Indian, Allotee	or Tribe Name	
la. Type of work: 🖌 DRILL 🗌 REENTI	L REENTER		7 If Unit or CA Agreement, Name and No. Warren Unit 8. Lease Name and Well No. Warren		
lb. Type of Well: 🖌 Oil Well 🗌 Gas Well 🗌 Other	Single Zone Multi	iple Zone	Warren Unit #338	Blinebry	
2. Name of Operator ConocoPhillips Company	Laisain		9. API Well No. 3D-025-3	34775	
3a. Address P.O. Box 51810 Midland, Texas 79710-1810	3b. Phone No. (include [area code) 432-688-6913		10 field and Port or Exploration Warren: Drinkard Blinebry Tubb		
4. Location of Well (Report location clearly and in accordance with any State requirements *)			11. Sec., T. R. M. of Blk. and Survey or Area		
At surface 110' FNL & 300' FEL, UL A, Section 34, T20S, R38E			Section 34, T20S, F	R38E	
At proposed prod. zone 110' FNL & 300' FEL, UL A, Section	n 34, T20S, R38E		12. County or Parish	13. State	
14. Distance in miles and direction from nearest town or post office* Approx 12 miles South of Hobbs New Mexico			Lea County	NM	
 15 Distance from proposed* 4900' (Unit) location to nearest property or lease line, ft. (Also to nearest drig. unit line, if any) 	16. No. of acres in lease 5120	17. Spacing 40 Acres	ing Unit dedicated to this well es		
 Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft 	19. Proposed Depth 7201'	20. BLM/BI ES 0085	LM/BIA Bond No. `on file 0085		
21. Elevations (Show whether DF, KDB, RT, GL, etc.)	22. Approximate date work will sta	art*	23. Estimated duration		
3541' GL	06/23/2010		10 Days		
The following, completed in accordance with the requirements of Onsho	24. Attachments	ttached to this	form		
 Well plat certified by a registered surveyor. A Drilling Plan. A Surface Use Plan (if the location is on National Forest System SUPO must be filed with the appropriate Forest Service Office) 	4 Bond to cover t Item 20 above). Lands, the 5. Operator certific	the operations cation	unless covered by an	existing bond on file (see may be required by the	
25 signature Justic Juli	Name (Printed/Typed) Justin C. Firkins			Date 01/12/2010	
Title Regulatory Specialist	·····		····		
Approved by (Signature) /s/ James Stovall	Name (Printed/Typed)	1		Date MAR 3 0 2010	
Title FIELD MANAGER	Office		CARLSBAD FIEL	DOFFICE	
Application approval does not warrant or certify that the applicant hold conduct operations thereon. Conditions of approval, if any, are attached.	is legal or equitable title to those righ			ntitle the applicant to TWO YEARS	
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a cr States any false, fictitious or fraudulent statements or representations as	rime for any person knowingly and to any matter within its jurisdiction.	willfully to ma	ke to any department of	r agency of the United	
(Continued on page 2)				ructions on page 2)	
Les County Controlled Water Basin		Appr	oval Subject to G	ieneral Requiremen	

Lea County Controlled Water Basin

& Special Stipulations Attached $\nabla \theta \to 0$

SEE ATTACHED FOR CONDITIONS OF APPROVAL



