

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBS RECEIVED

NOV 10 2010

FORM APPROVED
OMB No. 1004-0137
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.

5. Lease Serial No.
LC058698A

6. If Indian, Allottee or Tribe Name
N/A

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other *inj*

2. Name of Operator
ConocoPhillips Company

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

8. Well Name and No.
MCA # 82

9. API Well No.
30-025-00644

3a. Address
P.O. Box 51810
Midland, Tx 79710

3b. Phone No. (include area code)
432-688-6943

10. Field and Pool or Exploratory Area
Maljamar Grayburg San Andres

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660 FSL & 1980 FWL
UL: N of 23-17S-32E

11. Country or Parish, State
Lea County, NM

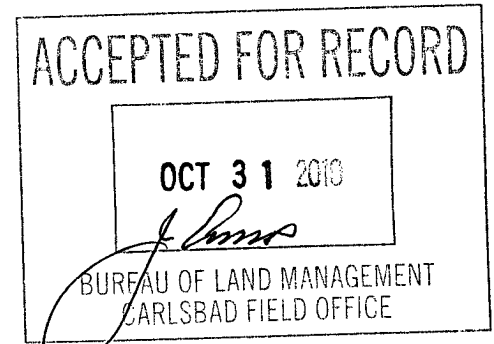
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" 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 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must 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. Remove well head, anchors, flowline and all other debris from location
2. Remove caliche and contaminated soil from location and access roads
3. Put in 1-2" clean topsoil as needed
4. Level and contour to surrounding area
5. Build earthen berm at access to prevent vehicular traffic
6. Rip and seed all disturbed areas with BLM # 2 seed mix.

Job completed on 7/13/2010



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

Title Sr. Regulatory Specialist

Signature

Date 08/03/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

DISTRICT SUPERVISOR/GENERAL

Title

NOV 12 2010

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.

(Instructions on page 2)