Form 3160-5 (April2004)

## UNITEDSTATES DEPARTMENT OF THE INTERIO CD-HORBS BUREAU OF LAND MANAGEMENT

FORMAPPROVED	
OM B No. 1004-0137	
Expires: March 31, 2	200

OUNDOW	NOTICES	AND	REPORTS	ON	WELL	S
CHMINDA	MILLIES	AINL	KELOKIO	$\sim$ 11	***	-

	LC 058699
i	6. If Indian, Allottee or Tribe Name

Do not use this abandoned we	s form for proposals t I. Use Form 3160 - 3 (/	o drill or to re-e APD) for such pro	nter an posals.	,	_	
SUBMIT IN TRIPLICATE - Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No.  MCA Unit  MCA Unit  MCA Unit		
1. Type of Well Oil Well	Gas Well Other			8. Well Name	and No.	
2. Name of Operator Conoco Phillips Company		/		#188 9. API Well N		
3a. Address 3300 N "A" St Bldg 6, Mid	land, TX 79707	3b. PhoneNo. (included) (432)688-69		30-025-00	Pool, or Exploratory Area Grayburg-San Andres	
4. Location of Well (Footage, Sec	., T., R., M., or Survey Descri	ption)		11. County or		
K-26-17S-32E 1980 F	SL 1980 FWL			Lea Coun New Mexi	ty /	
12. CHECK AF	PROPRIATE BOX(ES)TO			REPORT, OR O	OTHER DATA	
TYPE OF SUBMISSION		TY	PEOF ACTION			
Notice of Intent  Subsequent Report  Final Abandonment Notice	Acidize AlterCasing Casing Repair Change Plans Convert to Injection	Deepen FractureTreat New Construction Plug and Abandon Plug Back	Production (Standard Recomplete Temporarily A Water Disposa	.bandon	Water Shut-Off Well Integrity Other	
following completion of the in testing has been completed. Findetermined that the site is read 1. Removed well head, information 2. Removed caliche and 3. Put in 2'-3' of caliche 4. Put in 1'-2' of clean to 5. Leveled and contoure 6. Built earthen berms a 7. Ripped and seeded a Job completed on 9-13-	wolved operations. If the operational Abandonment Notices shall by for final inspection.) anchors, flowline, and discontaminated soil from barrier where needed opsoil as needed sed to surrounding area at all entrance locationall disturbed areas with	all other debris from location and action acti	rements, including recloom location and eccess roads	amation, have been installed DH	RECEIVE  NOV 10 2010  HOBBSOCD	
14. Thereby certify that the for Name (Printed/Typed) Brian D Maiorino	egoing is true and correct	Title	Regulatory Sp	oecialist		
Signature Signature		Date	09/24/2010	ACCEP	TED FOR RECORD	
	THIS SPACE FOR	R FEDERAL OR	STATE OFFIC	E USE		
Approved by		Wal.	Title		OCT 3 0 2010	
Conditions of approval, if any, as certify that the applicant holds le	gal or equitable title to those rig	gnts in the subject lease on.	Office		II OF I AND MANAGEMENT	
Title 18 U.S.C. Section 1001 and States any false, fictitious or fra	Fitle 43 U.S.C. Section 1212, manufulent statements or represer	ake it a crime for any personateions as to any matter	within its jurisdiction	ı.	ydepartinentiorlagency of the United	