UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

QCD-HOBBS

5. Lease Serial No.	
LC 060199A	

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

SUNDRY NOTICES AND REPORTS ON WEL

abandoned well. Use Form 3160-3 (APD) for such proposals.			6. If Indian, Allottee or Tribe Name										
SUBMITINTR	IPLICATE - Other instru	ctions on reverse	side	7. If Unit or CA/A	greement, Name and/or No.								
1. Type of Well ☑ Oil Well ☐ Gas Well ☐ Other 2. Name of Operator ConocoPhillips Co.				8920003410 8. Well Name and No. MCA Unit # 277									
							3a. Address 3b. Phone No. (include area code)				9. API Well No. 30-025-23733		
							55. 1.6.6.1.5.1,1.6.1.6.1			10. Field and Pool, or Exploratory Area			
P.O. Box 180, Maljamar, NM 88264-0180 505.676.5569 4. Location of Well (Footage, Sec., T, R., M., or Survey Description)		Maljamar GB/SA											
1295' FNL & 2615' FEL, Sec. 29, T 17S, R 32E, B		11. County or Parish, State											
				Lea Co., NM									
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE NATUR	RE OF NOTICE, RE	PORT, OR OTI	HER DATA								
TYPE OF SUBMISSION	IISSION TYPE OF ACTION												
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/F		Water Shut-Off Well Integrity								
✓ Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	Recomplete Temporarily Aban	_	Other								
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	idon .									
Attach the Bond under which the following completion of the invo	ctionally or recomplete horizontally the work will be performed or provi- tolved operations. If the operation ro al Abandonment Notices shall be f	, give subsurface location de the Bond No. on file v esults in a multiple compl	s and measured and true vith BLM/BIA. Required etion or recompletion in a	vertical depths of all I subsequent reports a new inter val, a Fo	l pertinent markers and zones shall be filed within 30 days rm 3160-4 shall be filed once								
ConocoPhillips requests renewal currently on file with your office.		nment status for the ab	ove referenced well. A	valid MIT was re	un on 12/22/99 and is								
We wish to retain this wellbore for within the next 12-18 months.				ell. This evaluation	on should be completed								
NOTE: 8 previous TA approvals on file.													
	either put well plugging procedure	. /	A APPROVED ENDING _	FOR 12 MON 12 1 22 1 0	NTH PERIOD 303								
				2021222	OJVI JANA								
14. I hereby certify that the foregoing Name (PrintedlTyped)	g is true and correct			140	CLOISIMEIS/								
Kenneth N. Andersen		Title SHE	aR Specialist		Statuter IV								
Signature Kennel	& M. Onders	en Date 12/3	1/03										
	THIS SPACE FO	R FEDERAL OR ST.	ATE OFFICE USE										
	· · · · · · · · · · · · · · · · · · ·												

/S/ JOE G. LARA Approved by (Signature)

Name

Name (Printed Typed) /S/ JOE G. LARAIL COMMON ENGINEER

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

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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.