Form 3 160-5 (June 1990)

GWW

UNITED STATEN.M. OH Cons. Division DEPARTMENT OF THE INTERIOR French Dr. BUREAU OF LAND MANAGEMENT HODDS, NM 88240

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 3 1,1993

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

NM 62644

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICA TE		7. If Unit or CA, Agreement Designation
1. Type of Well		
Oil Gas Well Other		8. Well Name and No.
2. Name of Operator		Lockhart A-30 #6
ConocoPhillips Co.		9. API Well No.
3. Address and Telephone No.		30-025-04837
4001 Penbrook, Odessa, TX 79762 (915) 368-1371		10. Field and Pool, or Exploratory Area
4. Location of Well (Footage. Sec., T. R. M. or Survey Description) 1650' FNL & 2310' FWL, SEC. 30, T21S, R36E, F		Eumont Yates 7 Rvrs Queen
		11. County or Parish, State
		1 204
	// \	Lea, NM
Th CHECK APPROPRIATE BOX	((s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
<u></u>	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
<u></u>	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other Renew TA Status	Dispose Water
		Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
We wish to retain this wellbore while continunext 18-24 months.	ing to evaluate for possible remedial work. This evaluation	on should be completed within the
	Approved For 12 Month Period Ending 115/04	,
	Ending /1/15/04	FLEVED Hobbs OCD
14. I hereby certify that the foregoing is true and correct Signed Signed	Kristy S. Ward Regulatory Assistant	Date1/15/03
(This space for Federal of State office use)		
Approved by (ORIG, SGD.) ,IOE (Conditions of approval if any:	G. LARA _{ritle}	Date <u>3/4/03</u>
BLM(6), NMOCD(1), SHEAR, PROD ACCTG, COS	T ASST, FIELD, FILE ROOM	
Title 18 U.S.C. Section 1001, makes it a crime for any person	knowingly and willfully to make to any department or agency of the United St	ates any false, fictitious or fraudulent statements

*See Instruction on Reverse Side