Submit 3 Copies To Appropriate District Office District Energy, Minerals and Natural Res	Form C-103 ources June 19, 2008
District II 1301 W. Grand Ave., Artesia No. 482 0 6 20 06 CONSERVATION DIVISION State of the st	
District III 1220 South St. Francis Dr	STATE X FEE
District IV 1220 S. St. Francis or, Islantance, MM 87505 87505	6. State Oil & Gas Lease No. K-3271
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name James A
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Off 0.7	8. Well Number 10
2. Name of Operator ConocoPhillips Company	9. OGRID Number 217817
3. Address of Operator 3300 N. "A" Street, Bldg. 6	10. Pool name or Wildcat
Midland, TX 79705-5406	Cabin Lake;Delaware
4. Well Location	
Unit Letter N: 660' feet from the South li Section 2 Township 22S Range 30	ne and 2310' feet from the West line NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3175' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A DOWNHOLE COMMINGLE COMPL CASING/CEMENT JOB	
OTHER: OTHER: Recompletion of the Delaware; Add perfs	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
C-103 to inform OCD of a CIBP set above the Upper Cherry Canyon Zone. CIBP set @ 4760'.	
06/09/08 MIRUPU 06/10/08 RU TBG TESTERS; TIH TEST TBG; RD TBG TESTERS 06/11/08 RU WIRE LINE; TIH WGAUGE RING TAG @4700';TOOH;TIH W/CIBP SET @4760' 06/11/08 DUMP 3' OF CMT ON PLUG; RD WIRE LINE 06/12/08 PUT WELL BACK ON; RDMO	
ACCEPTED FOR RECORD	
	OCT 8 2008
Spud Date: Rig Release Date:	Gerry Guye, Deputy Field Inspector NMOCD-District II ARTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Hay Thomas TITLE Regulatory Technician DATE 10/02/2008	
Type or print name Gay Thomas E-mail address: Gay.Thomas@conocophillips.comPHONE: (432)688-6818 For State Use Only	
APPROVED BY:TITLE Conditions of Approval (if any):	DATE