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Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103		
Office _l District I	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		Jun 19, 2008		
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.		
District II			30-039-30997		
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE STEE		
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Salita Pe, INIVI 87505		6. State Oil & Gas Lease No. NM E-289-3		
87505		NM E-	-289-3		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name San Juan 31-6 Unit		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					
I:	oil Well 🔲 Gas Well 🛛 Other			8. Well Number 56	
2. Name of Operator			9. OGRID Number		
ConocoPhillips Company			217817 ⁻		
3. Address of Operator			10. Pool name or Wildcat		
P.O. Box 4289, Farmington, NM 87499-4289			Rosa PC		
4. Well Location					
Unit Letter E : 2495	feet from the North	line and935	feet from the	West line	
Section 32		ange 6W		ba County	
The state of the state of the state of	11. Elevation (Show whether DR)			通传 放作 1000 1000 1000 1000	
	6277	•			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
f .			•		
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPO	RT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				FERING CASING 🔲 🕆	
TEMPORARILY ABANDON	<u> </u>				
PULL OR ALTER CASING	OR ALTER CASING				
DOWNHOLE COMMINGLE					
			•		
OTHER:				1 1: .: . 1 1 .	
	leted operations. (Clearly state all prk). SEE RULE 1103. For Multip				
ConocoPhillips Company wishes to	Passind the ADD for this wall that	was approved on 10/	22/2010 Wa haya dagid	ad not to drill this	
well at this time. The surface was no			22/2010. We have decid	ed not to drin this	
wen at this time. The surface was no	distarted as construction was not	started.	RCUD	APR 24'13	
_				CONS. DIV.	
OCD '	Cancellod 10:3	9-15		DIST. 3	
Spud Date:	Rig Rele	ased Date:		<i>J</i> 131. 0	
I hereby certify that the information	phore is true and complete to the h	ast of my knowledge	and haliaf		
Thereby certify that the infortration a	bove is true and complete to the be	est of my knowledge	e and benef.		
SIGNATURE SIGNATURE	TITLE	Staff Regulatory	Technician DATE _	4/24/13	
Type or print name Kenny Davis For State Use Only	E-mail address: <u>kenny.r.dav</u>	vis@conocophillips.	com PHONE: 505-4	1045	
APPROVED BY: dees the	TITLE!	Dell eni	DA DA	TE 5-7-13	
Conditions of Approval (if any):			0		
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