| Submit 3 Copies To Appropriate District Office  | State of New Mexico                    |                      |                    |                    | Form C-103   |                   |  |
|---|--|----------------------|--------------------|--------------------|--|-------------------|--|
| District I  | Energy, Minerals and Natural Resources |                      |                    | r                  | Jun 19, 2008   |                   |  |
| 1625 N. French Dr., Hobbs, NM 88240   |  |                      |                    | WELL AP            | WELL API NO.   |                   |  |
| District II 1301 W. Grand Ave., Artesia, NM 88210   | OIL CONSERVATION DIVISION              |                      |                    | 5 T 1: 4           | 30-045-35415   |                   |  |
| District III  | 1220 South St. Francis Dr.             |                      |                    |                    | 5. Indicate Type of Lease  STATE FEE                                 |                   |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, NM 87505                     |                      |                    |                    | 6. State Oil & Gas Lease No. NM-04202                                |                   |  |
| 1220 S. St. Francis Dr., Santa Fe, NM   |  |                      |                    | o. State O         |  |                   |  |
| 87505   |  |                      |                    |                    |  |                   |  |
| 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 N         | 7. Lease Name or Unit Agreement Name  Jackson Com  8. Well Number 1N |                   |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |  |                      |                    |                    |  |                   |  |
| PROPOSALS.)   |  |                      |                    |                    |  |                   |  |
| 1. Type of Well: Oil Well   | Gas Well Other                         |                      |                    |                    |  |                   |  |
| 2. Name of Operator   |  |                      |                    | 9. OGRID           | 9. OGRID Number  |                   |  |
| ConocoPhillips Company 3. Address of Operator   |  |                      |                    | 10 Pool n          | 217817  10. Pool name or Wildcat                                     |                   |  |
| P.O. Box 4289, Farmington, NM 87499-4289  |  |                      |                    |                    | Blanco MV/Basin DK   |                   |  |
| 4. Well Location  |  |                      |                    | '                  | Dianes MY/Dusin Dix  |                   |  |
|   |  | 0 4                  | 1' 1 4             | <b>5</b> 6 4 6     |  | 12.               |  |
| Unit Letter L: 1733   |  |                      |                    | <del></del>        |  |                   |  |
| Section 9   | Township 28N                           | Ran                  | T                  |                    | San Juan County  | <u>/</u>          |  |
|   | 11. Elevation (Show                    | whether DR,<br>6610' |                    | etc.)<br>          |  |                   |  |
| 12. Check   | Appropriate Box to                     | Indicate N           | ature of Notic     | ce, Report or      | Other Data   |                   |  |
| NOTICE OF I   | ITENITION TO                           |                      |                    | IDOEOLIEN          | T DEDODE (   | <u> </u>          |  |
| NOTICE OF IN  |  | N 🗆                  |                    |                    | T REPORT (   |                   |  |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WOFTEMPORARILY ABANDON  CHANGE PLANS COMMENCE DR              |  |                      |                    |                    | _  | NG CASING ☐ '     |  |
| PULL OR ALTER CASING  | MULTIPLE COMPL                         | H                    | CASING/CEM         |                    |  |                   |  |
| DOWNHOLE COMMINGLE  | WOLTH EL COWN L                        |                      | ONOMOROLINA        | LIVI OOD           | L  |                   |  |
| DOVINIOLE GOMMINIOLE  |  |                      |                    |                    |  |                   |  |
| OTHER: RE-INSTATING APD   |  | •                    | OTHER:             |                    |  |                   |  |
| 13. Describe proposed or comp   | leted operations. (Clear               | rly state all        | pertinent details, | and give pertine   | ent dates, includir  | ng estimated date |  |
| of starting any proposed we   | ork). SEE RULE 1103.                   | For Multip           | le Completions:    | Attach wellbor     | e diagram of prop  | posed completion  |  |
| or recompletion.  |  |                      |                    |                    |  |                   |  |
| // I I I I I I I I I I I I I I I I I  |  | 1                    |                    |                    | NAGOD  | 2/20/42           |  |
| "To our knowledge nothing ha  | _                                      |                      |                    |                    |  |                   |  |
| therefore, ConocoPhillips req   | uests that the NMO                     | CD reinsta           | ite the downh      |                    |  |                   |  |
| as you are reinstating the APD  | ) approval for the su                  | ubject wel           | l" <b>.</b>        | O).                | LCONG ~  |                   |  |
| ·   |  |                      |                    |                    | OIL CONS. DIV DIST. 3  |                   |  |
|   |  |                      |                    |                    | JUN 16   | O                 |  |
|   |  |                      |                    |                    | 2014 1 G   |                   |  |
|   |  |                      |                    |                    |  |                   |  |
| I hereby certify that the information   | above is true and comp                 | lete to the be       | est of my knowle   | edge and belief.   |  |                   |  |
|   | Much                                   | TITLE                | G: 66 B            | t on the           |  | 6/10/14           |  |
| SIGNATURE JAMBY   | (MG/M                                  | _TITLE               | Staff Regi         | ulatory Technici   | anDATE   | 6/12/14           |  |
| Type or print name Patsy Clus   | eston E-mail ad                        | dress: Patsy         | .L.Clugston @c     | onocophillips.co   | om PHONE:  | 505-326-9518      |  |
| For State Use Only  |  |                      |                    |                    |  |                   |  |
| 1.11  | 1 km                                   | Da                   | puty Oil &         | Gas Inspec         | tor,   | 7//.10            |  |
| APPROVED BY:  | <u>' 7</u>                             |                      | Pury On a          | i <del>ct #3</del> | DATE_  | 7/18/19.          |  |
| Conditions of Approval (if any):  |  | Δ/                   | וופוע              | 100 // -           |  | •                 |  |