Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		Form C-10 May 27, 200	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-045-23879	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type of Lease	_
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra Santa Fe, NM 8		STATE FEE	_
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sama re, Nivi o	7303	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name MICHENER A LS		
Type of Well: Oil Well		8. Well Number 6E	_	
CONOCOPHILLIPS CO.		9. OGRID Number 217817		
3. Address of Operator P.O. BOX 2197 WL3 6108 HOUSTON, TX 77252		10. Pool name or Wildcat71599		
4. Well Location				
Unit Letter A : 820 feet from the NORTH line and 910 feet from the WEST line Section 31 Township 28N Range 9W NMPM CountySAN JUAN				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
Pit or Below-grade Tank Application				
Pit type Workover Depth to Groundwater 50-10 bistance from nearest fresh water well > 1000' Distance from nearest surface water > 400' Pit Liner Thickness: 12 mil Below-Grade Tank: Volume bbls; Construction Material				
	appropriate Box to Indicate N			
NOTICE OF IN			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK]
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS. P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB	
OTHER:construct pit	X	OTHER:]
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.				
ConocoPhillips requests approval to construct a workover pit on the above well as per NMOCD guidelines. We also expect closure as per the guidelines.				
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			SEE SONS DIST. SONS DI	
			S. Dist. 3	
			84957	
I hereby certify that the information	ahove is true and complete to the h	est of my knowledge	and belief. I further certify that any pit or belo	
grade tank has been/will be constructed or	closed according to NMOCD guidelines	X, a general permit 🗌 o	or an (attached) alternative OCD-approved plan	w-].
SIGNATURE Closely	//arrelly_TITLERI	EGULATORY ANAI	DATE 01/20/2006	
Type or print name DEBORAH MA For State Use Only	ARBERRY E-mail a	ddress:deborah.marbo	erry@conocophi llițispionn e No.(832)486-2	326
APPROVED BY: Conditions of Approval (if any):	y tout TITLE	ITY OIL & GAS INSPE	CTOR, DIS1. DATE JAN 2 3 20	06
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