Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Jun 19, 2008 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II			30-045-35448	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			FEE 🛛
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No. FEE	
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.)		CK TO A	7. Lease Name or Unit Agreement Name Pubco Federal Gas Com	
1. Type of Well: Oil Well			8. Well Number 1N	
2. Name of Operator			9. OGRID Number 217817	
ConocoPhillips Company				
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289			10. Pool name or Wildcat Blanco Mesaverde / Basin Dakota	
			Bianco Mesaverde / Basin Dakota	
4. Well Location		1 1//7	6 (6 (1	F - 1
Unit Letter G: 233				Eastline
Section 14	Township 30N Range		NMPM San Juan C	ounty
	11. Elevation (Show whether DR, RKB, 5960' GR	KI, GK, etc.)	125 750	
12. Check	Appropriate Box to Indicate Nature	of Notice, Re	port or Other Data	
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	CHANGE PLANS COM	SUBSE MEDIAL WORK MMENCE DRILL SING/CEMENT J	NG OPNS. P AND	NG CASING
OTHER: APD EXTENSION	OTH	IER:		
	oleted operations. (Clearly state all pertine ork). SEE RULE 1103. For Multiple Cor			
			Oll Bollo Tu	
ConocoPhillips requests pe	rmission to extend the APD approval for	the subject well.	OIL CONS. DI	V DIST. 3
ADHER	TO PREVIOUS NMOCD	Comply upt	hours ADD OF	2010
COND	ITIONIC OF ADDDOVAL	regulation	APR 0.5	2010
COND	ITIONS OF APPROVAL	Prior to	pud brachen, ape	retur needs
		TO DE INC	omiliane with	
Spud Date:	Rig Released I	Date:	Kule	2 19.15.5.9
	Extension approved un	til 5/30/1	7	
I hereby certify that the information	above is true and complete to the best of	my knowledge a	nd belief.	
SIGNATURE	Busse TITLE Reg	ulatory Technici	n DATE <u>4/4/</u> 16	5
Type or print name Dollie L. Bus	se E-mail address: dollie.l.busse	@conocophillip	s.com PHONE: 505-3	24-6104
For State Use Only	A./// DEPUTY			
+1/h, h			SINOPLIA	1/./
APPROVED BY:	TITLE	BISTRICT	#3 DATE	4/6/16
Conditions of Approval (if any):	PV			

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