

District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-039-26433
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>ConocoPhillips Company</b>		6. State Oil & Gas Lease No. E-347-40
3. Address of Operator <b>P.O. Box 4289, Farmington, NM 87499</b>		7. Lease Name or Unit Agreement Name San Juan 31-6 Unit
4. Well Location Unit Letter <u>C</u> : <u>1090</u> feet from the <u>North</u> line and <u>1870</u> feet from the <u>West</u> line Section <u>36</u> Township <u>31N</u> Range <u>6W</u> NMPM County: <u>San Juan</u>		8. Well Number <u>42M</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>6438'GL</u>		9. OGRID Number <u>217817</u>
		10. Pool name or Wildcat Basin Dakota; Blanco Mesa Verde

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Redelivery <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was shut in for more than 90 days due to Economics. Returned to production on 6/5/2017.

TP: 0 CP: 370 Initial MCF: 26

Meter No.: 82825

Gas Co.: WFC

Project Type: REDELIVERY

OIL CONS. DIV DIST. 3  
JUN 15 2017

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laurel TITLE Regulatory Technician DATE 6/9/17

Type or print name Laurel E-mail address: laurel@nms.gov PHONE: 505-476-3460

For State Use Only

APPROVED BY: Accepted for Record TITLE NY DATE 6/9/17