Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 March 4, 2004
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Winterars and Natur	rai Resources	WELL API NO.
District II	OIL CONSERVATION DIVISION		30-039-29646
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 District IV	Santa Fe, NM 87		STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			E-289-36 RCVD DECB'06
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
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			DIST. 3 San Juan 29-5 Unit
PROPOSALS.)			8. Well Number
1. Type of Well: Oil Well Gas Well X Other			#23C
2. Name of Operator ConocoPhillips Company			9. OGRID Number 217817
3. Address of Operator			10. Pool name or Wildcat
P.O. Box 4289, Farmington, NM 87499-4289		Blanco MV	
4. Well Location			
Unit Letter O:	500 feet from the South	line and260	00 feet from the <u>East</u> line
Section 16 Township 29N Range R5W NMPM Rio Arriba County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
6670° GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST AN CEMENT JOB	ABANDONMENT D ⊠
OTHER	tail	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.			
10/7/06 RU Schlumberger. RIH w/gauge ring. PBTD @ 6138'. Ran CBL from 6143' to 3000'. TOC @ 3260'. Run TDT Log from 6143' to 2700' and continue w/GR/CCL Log to surface. RD SLB.			
Pressure test 4 ½" casing to 4100 #/15 min. Test OK.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.			
SIGNATURE Mucey W Menure TITLE Regulatory Technician DATE 11/28/06			
Type or print name Tracey N. Monroe E-mail address: Tracey. N. Monroe @conocophillips.com Telephone No. 505-326-9752			
(This space for State use)			
APPPROVED BY H. Villanus TITLE TITLE DEC 0 8 2006  Conditions of approval if any:			