Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resour	WELL API NO.
1625 N French Dr., Hobbs, NM 88240 District II		2004524265
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE  FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Fe, NM 87505		FEE
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICA	LS TO DRILL OR TO DEEPEN OR PLUG BACK TO TION FOR PERMIT" (FORM C-101) FOR SUCH	SAN JUAN 32-7 UNIT
PROPOSALS.)  1. Type of Well: Oil Well G	as Well 🔀 Other	8. Well Number 24N
2. Name of Operator	as won EX one.	9. OGRID Number 217817
CONOCOPHILLIPS COMPA	NY	31 0 01d2 1 dans 01 227027
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 4289, FARMINGTO	N NM 87499	BASIN DAKOTA / BLANCO MESAVERDE
4. Well Location	Marie Control of the	1
Unit Letter K _ : _	1560' feet from the FSL line and 19	50' feet from the FWL line
Section 21		NMPM SAN JUAN County
	11. Elevation (Show whether DR, RKB, RT,	
	6357' GR	The state of the s
12. Check Ap	ppropriate Box to Indicate Nature of N	Notice, Report or Other Data
NOTICE OF INT	ENTION TO:	CURCEOUENT REPORT OF
	i i	SUBSEQUENT REPORT OF:  AL WORK
		NCE DRILLING OPNS. P AND A
——————————————————————————————————————	<del>-</del> 1	CEMENT JOB
		_
OTHER:	OTHER:	FIRST-DELIVERY 02/18/09  etails, and give pertinent dates, including estimated date
		ions: Attach wellbore diagram of proposed completion
or recompletion.	.). SEE ROLL 1103. 1 of Multiple Complete	ions. Attach wembore diagram of proposed completion
01 1000		
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m: u C . 1 !: 1 00/40		
This well was first-delivered on $02/18$ /	09 and produced natural gas and entrained h	ydrocarbons of 848 MCF.
		RCVD FEB 20 '09
TP: 1615 CP: 1034 Ini	itial MCF: 848	OIL CONS. DIV.
		1430 PATIBULE 1542.
Meter No.: 81971		DIST. 3
Gas Co.: WFS		
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I hereby certify that the information ab	ove is true and complete to the best of my kr	nowledge and belief.
10 A . A		
MII ALA ( GANA	(MM) V V	
SIGNATURE V MV	TITLE Reg	ulatory Technician DATE 02/18/09
, y , ,	.91. 15 9 44	HILOG BEHI BITONE GOG COC COC
Type or print name Marie E. Jaran	illo E-mail address: marie,e,jara	millo@ConocoPhillips.com PHONE: 505-326-9834
For State Use Only		
APPROVED BY: 17cco sted 5	Co Denord TITLE	DATE
Conditions of Approval (if any):	2/201	
	141/09	
	V 1 -	