Office Submit 3 Copies 10 Appropriate District	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resou	urces June 16, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II		2002007400
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISI	5. Indicate Type of Lease
1000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Salita Fe, Nivi 8/303	6. State Oil & Gas Lease No. E-289
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 SAN JUAN 29-5 UNIT
1. Type of Well: Oil Well Gas Well Other		8. Well Number 42
2. Name of Operator CONOCOPHILLIPS COMPANY		9. OGRID Number 217817
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499		10. Pool name or Wildcat BLANCO MESAVERDE
4. Well Location		1
Unit Letter H:_1650		_890'feet from theFELline
	vnship 029N Range 005W	NMPM County RIO ARRIBA
	11. Elevation (Show whether DR, RKB, RT)	, GR, etc.)
12. Check A	ppropriate Box to Indicate Nature of	Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON		
PULL OR ALTER CASING	MULTIPLE COMPL   CASING	CEMENT JOB
OTHER:	☐ OTHER:	
		letails, and give pertinent dates, including estimated date
of starting any proposed wor	rk). SEE RULE 1103. For Multiple Comple	tions: Attach wellbore diagram of proposed completion
0. 100 cmp. cm		
i		
This well was shut in due to a pay ad	d in the Lewis Shale Mesaverde and re-deliv	vered on <u>05/12/09</u> produced an initial MCF of <u>575</u> .
		RCVD MAY 27 '09
TP: 159 CP: 257 I	nitial MCF: 575	OIL CONS. DIV.
Meter No.: 86319		DIST. 3
Gas Co.: WFS		Diai. a
PROJECT TYPE: REDELIVERY		
1		
I hereby certify that the information a	above is true and complete to the best of my l	knowledge and belief.
A) 1./		
SIGNATURE MANAGEMENT	TITLERegulatory	TechDATE05/20/09
Type or print nameMarie E. Jaran For State Use Only	nillo E-mail address: marie.e.jaram	illo@ConocoPhillips.com PHONE:505-326-9865
APPROVED BY 1/2001-901-90	<b>→</b>	
	2000 PMP	DATE
Conditions of Approval (if any):	5/20013 mid	DATE