

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 June 16, 2008

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

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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 3004525145
2. Name of Operator CONOCOPHILLIPS COMPANY		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499		6. State Oil & Gas Lease No. E-6515
4. Well Location Unit Letter <u>A</u> : <u>800</u> feet from the <u>FNL</u> line and <u>800</u> feet from the <u>FEL</u> line Section <u>16</u> Township <u>029N</u> Range <u>010W</u> NMPM County <u>SAN JUAN</u>		7. Lease Name or Unit Agreement Name STATE E GAS COM
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5702' GR		8. Well Number 1E
		9. OGRID Number 217817
		10. Pool name or Wildcat BASIN DAKOTA

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: RE-DELIVERY 06/25/10 <input checked="" type="checkbox"/>		

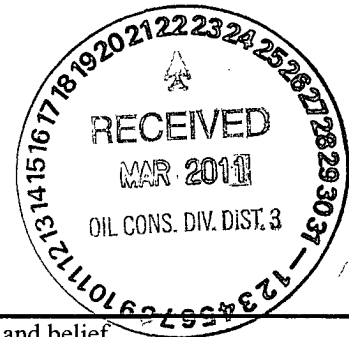
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was shut in more than 90 days due to logging off. Returned to production on 06/25/10 and produced an initial MCF of 125.

TP: 280 CP: 280 Initial MCF: 125

Meter No.: 94325

Gas Co.: EFS
 PROJECT TYPE: REDELIVERY



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

SIGNATURE Tam Sessions TITLE Staff Regulatory Tech DATE 03/18/11

Type or print name Tamra Sessions E-mail address: tamra.d.sessions@ConocoPhillips.com PHONE: 505-326-9834

For State Use Only

APPROVED BY Accepted for Record TITLE _____ DATE _____

Conditions of Approval (if any):

Handwritten mark