Office Energy N	State of New Mexico Minerals and Natural Resources		Form C-103 Revised August 1, 2011	
Id25 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 FEB 1 2 OIL CONSERVATION DIVISION District III – (575) 748-1283 FEB 1 2 OIL CONSERVATION DIVISION District III – (505) 334-6178 1220 South St. Francis Dr. 1020 South St. Francis Dr.			WELL API NO.	
			5. Indicate Type of L	ease
			STATE X	FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa FC, NM 87505	anta Fe, NM 87	/505	6. State Oil & Gas Le	ease No.
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			7. Lease Name or Unit Agreement Name RED HILLS WEST 16 STATE	
PROPOSALS.) Image: Constraint of Well 1. Type of Well: Oil Well Image: Constraint of Well			8. Well Number 4H	
2. Name of Operator			9. OGRID Number	
ConocoPhillips Company			217817 10. Pool name or Wildcat	
3. Address of Operator _{P.O. BOX 51810} Midland, Texas 79710			JENNINGS; UPPER BONE SPRING SHALE	
4. Well Location		1 1 1 1 1		
	rom the <u>N</u> 1ship 265 Ra	line and <u>690</u>	feet from th NMPM Co	e <u>E</u> line ounty LEA
		nge 32E <i>RKB, RT, GR, etc.)</i>		
3228				
12. Check Appropriate Bo	ox to Indicate N	ature of Notice, F	Report or Other Dat	ta
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				RT OF:
PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WOR				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN				ND A
DOWNHOLE COMMINGLE		CASING/CEMENT	JOB []	
_				_
OTHER: APD EXTENSION 13. Describe proposed or completed operations.	(Clearly state all r	OTHER:	give pertinent dates in	ucluding estimated date
of starting any proposed work). SEE RULE proposed completion or recompletion.				
ConocoPhillips Company respectfully requests to extend the Al	PD for the Red Hills W	est 16 State 4H for one ve	ar	
,				
F.s.	pires	01/20	5/2015	•
· · · · · ·			- / 2017	
Spud Date:	Rig Release Da	te:		
- F	5			
I hereby certify that the information above is true and	complete to the be	st of my knowledge	and belief.	
\sim \cdot Λ				
SIGNATURE / JUSTIMA ///KI	ITLE Regulato	ry Specialist	DATE_	02/12/2014
Type or print name KRISTINA MICKENS	E-mail address	: <u>kristina mickens@con</u>	peophillips.com PHONI	E: <u>(281)206-5282</u>
For State Use Only	Petr	roleum Engineer		FEB 1 3 2014
APPROVED BY:	TITLE		DATE_	
Conditions of Approval (Fany):				
			FEB 1 3 20	14

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