Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised August 1, 2011	
<u>District I</u> – (575) 393-6161 1625 N. French Dr. Hobbe, NO.83 40 <u>District TI</u> (375) 748-1283	Energy, Minerals and Natural Resources	WELL API NO.	
District 11 (515) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-42174	
District III – (505) 334-6178 c 000 Rio Brazos Rd, Aztec, NM 87410 2010 Correspondence of the correspondence		5. Indicate Type of Lease STATE X FEE	
1000 Rio Brazos Rdl, Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr. Santa Fer NM 87505			
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	
(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.)		RED HILLS WEST 16 STATE SWD	
1. Type of Well: Oil Well Gas Well Other SWD		8. Well Number 001	
2. Name of Operator ConocoPhillips Company		9. OGRID Number 217817	
3. Address of Operator P. O. Box 51810		10. Pool name or Wildcat	
Midland, TX 79710		BRUSHY CANYON	
4. Well Location	fact from the NOPTH line and 902	fact from the WEST line	
Unit Letter D : 12 Section 16	226 feet from the <u>NORTH</u> line and <u>893</u> Township 26S Range 32E	B feet from the WEST line NMPM County LEA	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	,	
	3185' GR		
12. Check Ap	propriate Box to Indicate Nature of Notice,	Report or Other Data	
NOTICE OF INT		SEQUENT REPORT OF:	
	PLUG AND ABANDON C REMEDIAL WOR		
		—	
OTHER: 13 Describe proposed or complete	ted operations. (Clearly state all pertinent details, and	AIT X	
	c). SEE RULE 19.15.7.14 NMAC. For Multiple Co		
ConocoPhillips Company conducted	d the 5 year MIT on 3/8/16 to 540#/32 mins - test he	eld.	
Chart attached.			
pud Date:	Rig Release Date:		
F	5		
hereby certify that the information ab	bove is true and complete to the best of my knowledge	ge and belief.	
hereby certify that the information ab	pove is true and complete to the best of my knowledg	ge and belief.	
DAG	hove is true and complete to the best of my knowledg		
IGNATURE Show	TITLE Staff Regulatory Technici	anDATE_03/29/2016	
IGNATURE Show	\mathbf{P}	anDATE_03/29/2016	
SIGNATURE Show Constant Use Only	E-mail address: rogerrs@conoco	anDATE_03/29/2016 phillips.comPHONE: (432)688-9174	
SIGNATURE Show APPROVED BY: Bull So	TITLE Staff Regulatory Technici	anDATE_03/29/2016 phillips.comPHONE: (432)688-9174	
IGNATURE <u>Monda Rogers</u> Sype or print name <u>Rhonda Rogers</u> For State Use Only APPROVED BY: <u>Bul Se</u>	E-mail address: rogerrs@conoco	an DATE <u>03/29/2016</u> phillips.com PHONE: <u>(432)688-9174</u> Nage DATE <u>4-746</u>	
hereby certify that the information ab SIGNATURE <u>Monda Rogers</u> Type or print name <u>Rhonda Rogers</u> For State Use Only APPROVED BY: <u>Still So</u> Conditions of Approval (if any):	E-mail address: rogerrs@conoco	anDATE_03/29/2016 phillips.comPHONE: (432)688-9174	

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