| Office  | ite of New Mexico                   | Form C-103                             |
|---|-------------------------------------|--|
| District I = (575) 393-6161 Energy, Mir   | nerals and Natural Resources        | Revised July 18, 2013                  |
| 1625 N. French Dr., Hobbs, NM 88240.  District II - (575) 748-1283  |                                     | WELL API NO.<br>30-025-40139           |
| 811 S. First St., Artesia, 1948-200 OIL CONSERVATION DIVISION   |                                     | 5. Indicate Type of Lease              |
| District III – (505) 3344328 1220 South St. Francis Dr.   |                                     | STATE X FEE                            |
| OIL CONSERVATION DIVISION  District III – (505) 3345-28  1000 Rio Brazos Rd., Aztec, NM 87440  District IV – (505) 476-3460 CK  1220 S. St. Francis Dr., Santa Fe, NM  87505  SUNDRA OTICES AND REPORTS ON WELLS  |                                     | 6. State Oil & Gas Lease No.<br>B02366 |
| 87505 SUNDER OTICES AND REPORTS ON WELLS 7  |                                     | 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.)   |                                     | Tourmaline State                       |
| 1. Type of Well: Oil Well X Gas Well Other  |                                     | 8. Well Number 003                     |
| 2. Name of Operator   |                                     | 9. OGRID Number                        |
| ConocoPhillips Company  3. Address of Operator P.O. Box 2197, Office SP1-12-W156;   |                                     | 21817<br>10. Pool name or Wildcat      |
| Houston, Texas 77252  |                                     | Maljamar; Yeso West                    |
| 4. Well Location  |                                     |  |
| Unit Letter O: 330 feet from the South line and 2310 feet from the East line  |                                     |  |
|   | hip 17S Range 32E                   | NMPM Lea County                        |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4016'  |                                     |  |
|   |                                     |  |
| 12. Check Appropriate 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 CHANGE PLANS COMMENCE DRILLING OPNS. P AND A  |                                     |  |
| PULL OR ALTER CASING  |                                     |  |
| DOWNHOLE COMMINGLE  |                                     |  |
| CLOSED-LOOP SYSTEM  OTHER:  | ☑ OTHER:                            | ∇I                                     |
| 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of  |                                     |  |
| proposed completion or recompletion. RECORD CLEAN-UP  |                                     |  |
|   |                                     |  |
| ConocoPhillips Company respectfully submits this record clean up notice of intent and subsequent report for this well 30-025-40139. Based on our July 2019 conversation this report to include Tourmaline State #3 into the existing surface commingling approval CTB-623 is submitted. |                                     |  |
|   |                                     |  |
| All production is from the Maljamar; Yeso West pool. There is no degradation of resource and no waste of resource because   |                                     |  |
| theproducing formation is the same as the adjacent lease, and no impact to royalty.   |                                     |  |
|   |                                     |  |
|   |                                     |  |
|   |                                     |  |
|   |                                     |  |
| Spud Date:  | Rig Release Date:                   |  |
|   |                                     |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |                                     |  |
| i hereby certify that the information above is true and co  | omplete to the best of my knowledge | e and belief.                          |
| SIGNATURE   | TITLE Senior Coordinator, Regu      | latory DATE <u>9/13/19</u>             |
|   | Susan.B.Maunder@co                  |  |
| Type or print name Susan B. Maunder   | E-mail address:                     | PHONE: 281-206-5281                    |
| For State Use Only  |                                     | _                                      |
| APPROVED BY:  |                                     |  |
|   | enu engineer altit                  | DATE 89/21/19                          |