Desire D	Submit One Copy To Appropriate District Office	State of New Me			Form C-103	
Site	District 1	Energy, Minerals and Natu	ral Resources	WELL API NO.	Revised August 1, 2011 WELL API NO	
1220 South St. Francis Dr. Santa Fe, NM 87505	District II	OIL CONSERVATION	DIVISION	30-025-02875		
Santa Fe, NM 87505 Subnita Fe, N	88210					
B_2360 SUNDRY NOTICES AND REPORTS ON WELLS Lease Name or Unit Agreements Name of State Notice Lease Name or Unit Agreements Name of Unit Agree		Santa Fe, NM 87	7505			
SUNDRY NOTICES AND REPORTS ON WELLS DO NOTUSE THIS PORM FOR PROPOSALS TO DUIL, OR TO DEEPER NO ME PLUG BACK TRA DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) MESSOCO PROPOSALS) 1. Type of Well: Moli Well Gas Well Other 2. Name of Operator 2. Name of Operator 3. Address of Operator P. O. Box 51810 Midland, TX 79710 4. Well Location Unit Letter K.: 1980' feel from the S. line and 1980' feet from the W. Jine Soction 26 Township 178 Range AE North Soction 27 Township 178 Range AE North Soction 27 Township 178 Range AE North Soction 28 Township 178 Range AE North Soction 29 Town	1220 S. St. Francis Dr., Santa Fe, NM			B-2360		
DIFFERENTIAL USE *APPLICATION FOR PERMIT (POUND C-101)*#08BS-OCU	SUNDRY NOTICE			7. Lease Name or Unit Agreement Name		
ROPESALS Name of Operator ConocoPhillips Company JUL 2 4 2014 9. OGRID Number 11	(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICA"	LS TO DRILL OR TO DEEPEN OR PLI FION FOR PERMIT" (FORM C-101)	JOBACK TO A BBBSHOCD -	IX.	SB-SA Unit	
2. Name of Operator ConocoPhillips Company JUL 2.4. ZUI4 9. OGRID Number 217817	PROPOSALS.)			9 Wall Number		
3. Address of Operator P. O. Box 51810 Midland, TX 79710 RECEIVED 10. Pool name or Wildeat Vacuum; GB-SA 4. Well Location Unit Letter K : 1980' feet from the S Jine and 1980' feet from the W Jine Section 26 Township 17S Range 305 MPM County Lea	2 Name of Operator IIII 2 4 2014			9 OGRID Number		
A. Well Location		·				
Unit Letter K: 1980 feet from the S line and 1980 feet from the W line Section 26 Township 178 Range 375 MIPM County Lea 11. Elevation (Show whether DR. RKB, RT, GR, etc.) 3924 RKB 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 COMMENCE DRILLING OPNS PAND A Manual Pull Or ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB Q-12-13 OTHER: ALTERING ASSING MULTIPLE COMPL CASING/CEMENT JOB Q-12-13 OTHER: Location is ready for OCD inspection after P&A At lip its have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. A stecl marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, OUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE, All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE. The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. All near the location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. All near the location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. All other environmental concerns have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.) All other environmental concerns have been addressed as per O		,,	RECEIVED	Vacuum; GB-S	SA	
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11. Elevation (Show whether DR. RKB, RT, GR, etc.) 3924 'RKB 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	Unit Letter K : 1980	feet from the S line and 19	980' feet from the			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
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OTHER: CASING/CEMENT JOB G. 13 3	PERFORM REMEDIAL WORK []	PLUG AND ABANDON	REMEDIAL WOR	к 🗆	ALTERING CASING I	
OTHER:	<u> </u>				- -	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE. The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.) All other environmental concerns have been addressed as per OCD rules. Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines. Lean County Electric Coop has been notified to reomove poles. When all work has been completed, return this form to the appropriate District office to schedule an inspection. TITLE Staff Regulatory Technician DATE 06/12/2014 TYPE OR PRINT NAME Rhonda Rogers E-MAIL: rogers@conocophillips.com PHONE: (432)688-9174	PULL OR ALTER CASING [] I	MOLTIPLE COMPL []	CASING/CEIVIEN	1308	8-12-13	
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For State Use Only	SIGNATURE MANAGE	TITLE Sta	aff Regulatory Tech	mician	DATE <u>06/12/2014</u>	
Conditions of Approval (if any): AUG 2 9 2014 7 M						
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				AUG 2	9 2014 7	

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Submit I Copy To Appropriate District	State of New Mexico	Form C-103			
Office <u>District I</u> = (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011			
1625 N. French Dr., Hobbs, NM 88240	Energy, removade and reduction recognitions	WELL API NO.			
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION				
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE X FEE			
<u>District IV</u> = (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, INIVI 6/303	6. State Oil & Gas Lease No.			
87505					
	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name			
	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A ON FOR PERMIT" (FORM C-101) FOR SUCH	Multi Wells			
PROPOSALS.)					
1. Type of Well: Oil Well X Gas	Well X Other HOBBS OCD	8. Well Number			
Name of Operator ConocoPhillips C	omnony	9. OGRID Number			
Conocorninps C	ompany 111 2 9 2014	217817			
3. Address of Operator P. O. Box 5181	0	10. Pool name or Wildcat			
Midland, TX 7	PECEIVED	·			
4. Well Location					
Unit Letter:	feet from the line and	feet from theline			
Section	Township Range	NMPM County			
l l	I. Elevation (Show whether DR, RKB, RT, GR, et	(c.)			
12. Check App	ropriate Box to Indicate Nature of Notice	e, Report or Other Data			
NOTICE OF DITE	NITION TO	DOEGUENT DEDOET OF			
NOTICE OF INTE		BSEQUENT REPORT OF:			
<u> </u>	LUG AND ABANDON REMEDIAL WO				
	_	RILLING OPNS P AND A			
	ULTIPLE COMPL CASING/CEME	NT JOB			
DOWNHOLE COMMINGLE					
OTHER:	OTHER: reques	t for removal of electric poles and DCP meteX			
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.					
Devon State 01 API #30-025-24731 V					
	e electric poles from these locations on June 9, 2	2014 and Lea County Electrics response on June			
10, 2014					
EVGBSA 2658-11 API #30-025-02 3 75 VAU 6-59 API #30-025-03061					
EVGBSA 2631-22 API #30-025-02877 VGEU 01-13 API #30-025-32364 VGEU 34-1 API #30-025-20746					
EVGBSA 2648-23 API#30-025-02787					
Lea 31 API #30-025-21728 VGEU 35-2 API #30-025-20867					
Phillips E State 13 API #30-025-23458					
A Al II . I					
pre-organd Well #					
[ID o					
Spud Date:	Rig Release Date:				
Spite Date.	Trig Release Date.				
Lhereby certify that the information abo	ve is true and complete to the best of my knowle	dge and belief			
Thereby certify that the information abo	The is the una complete to the best of my known	age and benefit			
SIGNATURE Chartest Staff Regulatory Technician DATE 07/25/2014					
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174					
For State Use Only		, 1			
The state of the s	From THILE DIST. Sup	envisor DATE 7/29/2014			
APPROVED BY: Conditions of Approval (if pro)	iouur Hilliam. Sur	DATE 1/21/2017			
Conditions of Approval (if any):					
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