C. besit I Const To Assessmints	District					0.102
Submit 1 Copy To Appropriate Office		State of New Me			Form Revised Augus	C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM	1 00240	Minerals and Natu		WELL API NO.		51 1, 2011
District II - (575) 748-1283	OIL C	ONSERVATION	DIVISION		30-025-35572	/
811 S. First St., Artesia, NM 88 District III – (505) 334-6178	3210 OIL C	220 South St. Fran	In Br	5. Indicate Type		
1000 Rio Brazos Rd., Aztec, N	M 87410	Santa Fe, NM 87	505 0 5 2010	6. State Oil & C	FEE Gas Lease No	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa F 87505	Fe, NM	Sunta 1 9, 1111 07	505 MAR 05 2018	ED	Jas Lease No.	
(DO NOT USE THIS FORM F DIFFERENT RESERVOIR. U	RY NOTICES AND RE FOR PROPOSALS TO DRILL USE "APPLICATION FOR PE	OR TO DEEPEN OR PLU	JG BACK TO A	7. Lease Name LEAMEX	or Unit Agreement	Name
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJECTION WELL				8. Well Number 060		
2. Name of Operator ConocoPhillips Company				9. OGRID Number 217817		
3. Address of Operator <sub>P</sub>	10. Pool name or Wildcat					
( ÎN	MALJAMAR; G	B-SA	-			
4. Well Location						
Unit Letter K		et from the SOUTH	line and 1980		om the WEST	line
Section 24			nge 33E	NMPM	County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
				Part 1		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL V			REMEDIAL WORK		ALTERING CASI	
TEMPORARILY ABANDO			COMMENCE DRIL		P AND A	
PULL OR ALTER CASIN	G MULTIPLE	COMPL	CASING/CEMENT	JOB 🗌		
DOWNHOLE COMMING	LE 🗌					
OTHER:			OTHER: 5 YEAR	MIT	-	X
13. Describe propose of starting any pro	d or completed operation oposed work). SEE RUI		pertinent details, and	give pertinent da		
proposed completion or recompletion.						
CONOCOPHILLIPS COMPANY CONDUCTED MIT ON 2/16/18 TO 570/32 MINS- TEST GOOD. CHART ATTACHED						
		1				
Spud Date:		Rig Release Da	te:			
		]				
<b>TI I</b>		1 1		11 1: 0		
I hereby certify that the inf	formation above is true a	nd complete to the be	est of my knowledge	and belief.		
	6)					
SIGNATURE ONO	the day	TITLE Staff R	egulatory Technician	nD	ATE 03/01/2018	
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174						9174
For State Use Only		1	1 /	1	1 1	1
APPROVED BY: Store	Ray	TITIE	alian Aff	n n	ATE 3 5/1	Þ
Conditions of Approval (if	any):			D.	ALL JUN	

