Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District (– (575) 748-1283	00	WELL API NO. 30-025-41399
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DEVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Trancis Dr. 2010	STATE FEE //
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505	C	FEDERAL LEASE
(DO NOT USE THIS FORM FOR PROPOS	CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name MCA UNIT
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other INJECTION WELL	8. Well Number 513
2 Name of Operator		9. OGRID Number
ConocoPhillips Company		217817
3. Address of Operator P. O. Box 5. Midland, TX	810 C 79710	10. Pool name or Wildcat MALJAMAR; GB-SA
4. Well Location		/
	feet from the SOUTH line and 213	80feet from the <u>EAST</u> line
Section 27	Township 17S Range 32E	NMPM County LEA
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	2.)
期的心。"你是一个人,你就是我们的一个人。"		
12 Check A	ppropriate Box to Indicate Nature of Notice.	Report or Other Data
NOTICE OF INT		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WOR CHANGE PLANS COMMENCE DR	RK □ ALTERING CASING □ RILLING OPNS.□ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	MOETH EE COMME	
	_	_
OTHER:	OTHER: 5 YEAR	
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.		
CONOCOPHILLIPS COMPANY CONDUCTED MIT ON 2/14/18 TO 560/32 MINS- TEST GOOD. CHART ATTACHED		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Charles DATE 03/01/2018 TITLE Staff Regulatory Technician DATE 03/01/2018		
Type or print name Rhonda Rogers	E-mail address: rogerrs@conoco	phillips.com PHONE: (432)688-9174
For State Use Only	1 1 . 01	//
APPROVED BY: Score	ver TITLE COMP : Ance Office	er DATE 3/4/2
Conditions of Approval (if any):		

