			RECVD 11/13/20			
Submit 1 Copy To Appropriate District Office	State of New Me	exico	Form C-103			
<u>District I – (575) 393-6161</u> Energy, Minerals and Natural Resources			Revised July 18, 2013 WELL API NO.			
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		30-025-40410				
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION 1220 South St. Fran	5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE			
District IV – (505) 476-3460         Santa Fe, NM 87505           1220 S. St. Francis Dr., Santa Fe, NM         Santa Fe, NM 87505			6. State Oil & Gas Lease No.			
87505	CES AND REPORTS ON WELLS	1	7. Lease Name or Unit Agreement Name			
(DO NOT USE THIS FORM FOR PROPOS	7. Lease Name of Olint Agreement Name					
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	Red Hills West 16 State					
1. Type of Well: Oil Well	8. Well Number 1H					
2. Name of Operator	9. OGRID Number					
ConocoPhillip 3. Address of Operator	217817 10. Pool name or Wildcat					
913 N. Eldridge Parkway Houston,	Jennings; Upper Bone Spring					
4. Well Location			6,11 1.6			
	_180feet from theNort	h line and	640feet from theWestline			
Section 16	Township 26S	Range 32E	NMPM County Lea			
	11. Elevation (Show whether DR,	, RKB, RT, GR, etc.				
	3201 GR					
12. Check A	ppropriate Box to Indicate N	ature of Notice,	Report or Other Data			
NOTICE OF IN			SEQUENT REPORT OF: K			
PERFORM REMEDIAL WORK						
PULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRI CASING/CEMEN				
			_			
		OTHER:				
OTHER: 13. Describe proposed or compl	eted operations. (Clearly state all t	-	لــــــــــــــــــــــــــــــــــــ			
of starting any proposed wo	rk). SEE RULE 19.15.7.14 NMAO		mpletions: Attach wellbore diagram of			
proposed completion or reco	mpletion.					
ConocoPhillips Company request to	perform MIT to apply for TA exter	nsion.				
1 year extension	FINAL EXTENSION					
			Condition of Approval: notify			
OCD Hobbs office 24 hours						
		p	rior of running MIT Test & Chart			
	]					
Spud Date:	Rig Release Da	ate:				
	1 1 1 1 1 1 1 1 1					
I hereby certify that the information a	bove is true and complete to the b	est of my knowledg	e and belief.			
SIGNATURE Que Z.	. ΤΙΤΙ Ε Β.	aulatory Coordinat	orDATE11/13/20			
SIGINATURE Jong L						
Type or print nameJeremy Lee	E-mail addres	s:Jeremy.L.Le	e@cop.comPHONE:832-486-2510			

Forther TITLE Compliance Officer A

E-mail address:	Jeremy.L.Le	e@cop.com	PHONE:	832-486-2510	

\_DATE\_<u>11/18/20</u>\_

APPROVED BY: \_\_\_\_\_\_\_ Conditions of Approval (if any)