Cubusia I Co. T. A. Arraina DidiOBD3 OGS	
Submit 1 Copy To Appropriate District State of New Mexico Office	Form C-103
Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM & LD 1 2 (Fig. 12) District II – (575) 748-1283	Revised August 1, 2011 WELL API NO.
OII OOMOPDIATIONI DII IIIONI	30-025-40417
011 0.1 hst 61., 7htesia, 144 00210	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 874 Research Francis Dr.	STATE X FEE 6. State Oil & Gas Lease No.
District IV - (505) 476-3460 Santa Fe, NIVI 8/3U3 1220 S. St. Francis Dr., Santa Fe, NM	6. State Off & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS	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.)	RED HILLS WEST 16 STATE
1. Type of Well: Oil Well Gas Well Other	8. Well Number 8H
2. Name of Operator Conocol hillips Company	9. OGRID Number
3. Address of Operator _{P.O. BOX} 51810 Midland, Texas 79710	10. Pool name or Wildcat
1.0. BOX 51010 Midiand, 10xas 75710	JENNINGS; UPPER BONE SPRING SHALE
4. Well Location	
Unit Letter A: 180 feet from the N line and 640	feet from the Eline
Section 16 Township 26S Range 32E	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3227	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
	•
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF: K
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	_
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	_
DOWNHOLE COMMINGLE	
OTHER: APD EXTENSION	П
13. Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Cor	
proposed completion or recompletion.	ipictions. Attach wendore diagram of
ConocoPhillips Company respectfully requests to extend the APD for the Red Hills West 16 State 8H for one	year.
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Expires D1/	25/2015
Expires D1/	25/2015
Expires D1/ Spud Date: Rig Release Date:	25/2015
	25/2015
Spud Date: Rig Release Date:	
Spud Date: Rig Release Date:	
Spud Date: Rig Release Date:	
Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE Michigan TITLE Regulatory Specialist	e and belief.
Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE SIGNATURE Light Regulatory Specialist Type or print name KRISTINA MICKENS E-mail address: kristina.mickens@co	DATE 02/12/2014 nocophillips.com PHONE: (281)206-5282
Spud Date: Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge SIGNATURE SIGNATURE Rig Release Date: E-mail address: kristina.mickens@co	DATE 02/12/2014 nocophillips.com PHONE: (281)206-5282