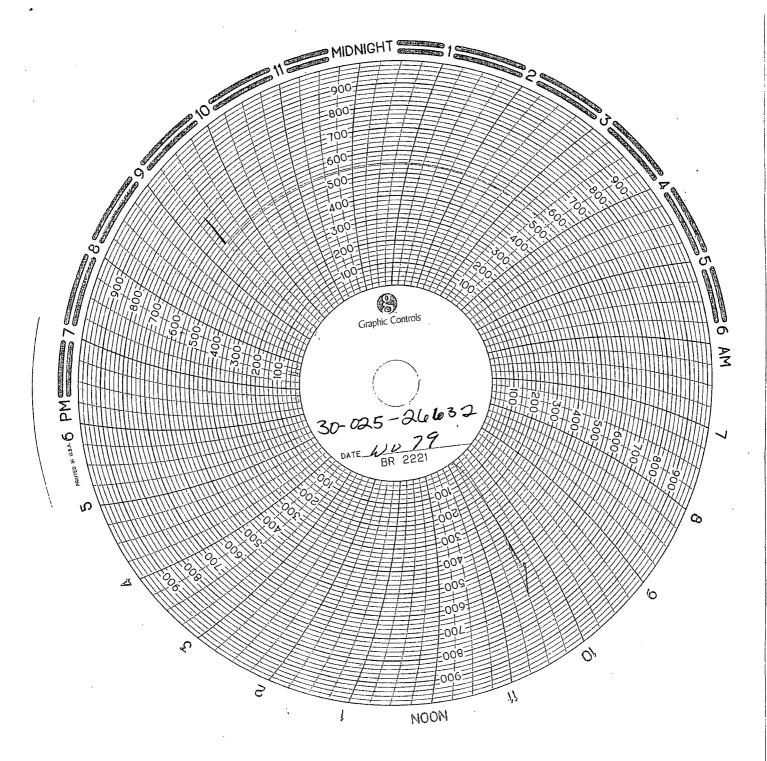
Submit 1 Copy To Appropriate District	State of New Mexico			Form C-103
Office <u>District I</u> = (575) 393-6161 E	Energy, Minerals and Natu	ural Resources	WELL API NO.	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 HOBBS OCD District II - (575) 748-1283			30-025-26632	
			5. Indicate Type of Lease	
811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 Santa Fe, NM 87505			STATE	FEE
1220 S. St. Francis Dr. Sonta Fa. NM			6. State Oil & Gas Le	ase No.
87505 RECEIVED SUNDRY NOTICES AND REPORTS ON WELLS			Federal 7. Lease Name or Un	it Agraement 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.)			Warren Unit Blinebry	TAGREEMENT Name
1. Type of Well: Oil Well Gas Well X Other Injection			8. Well Number	79/
2. Name of Operator ConocoPhillips Company			9. OGRID Number	17817
3. Address of Operator P. O. Box 51810			10. Pool name or Wil	
Midland, TX 79710			Warren;Blinebry-Tubb	-Drinkard O&G
4. Well Location				
Unit Letter D : 660	feet from the North	line and 660		
Section 35	Township 20S Ri Elevation (Show whether DR	ange 38E , RKB, RT, GR. etc.)		ounty Lea
12. Check Approp	oriate Box to Indicate N	lature of Notice,	Report or Other Dat	a
NOTICE OF INTENT	ΓΙΟΝ ΤΟ:	SUB	SEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ERING CASING [
	NGE PLANS □ TIPLE COMPL □	COMMENCE DRI	_	ND A
PULL OR ALTER CASING	TIPLE COMPL	CASING/CEMEN	1 108	
_				
OTHER:	- Claudy state all	OTHER: MIT	l give portinget dates in	aludina actimatad data
13. Describe proposed or completed op of starting any proposed work). SI				
proposed completion or recompleti		•	•	Ç
ConocoPhillips performed the 5 year MI	T on 2/18/14 to 540#/60 mir	ns - test good		
Chart attached.				
	•			
	•			•
				•
P				
Spud Date:	Rig Release Da	ate:		
•				
I hereby certify that the information above i	s true and complete to the bo	est of my knowledge	e and belief.	
\bigcirc 1 (a)				·
SIGNATURE Thomas Joyn	TITLE Staff R	egulatory Technicia	n DATE (03/31/2014
	r 1.44		1.II. BRONE	(420)(00,0174
Type or print name Rhonda Rogers For State Use Only	E-mail address	s: rogerrs@conocop	nillips.com PHONE	: (432)688-9174
Right	, 0	1 00 00		. / . >
APPROVED BY:	and TITLE Dr	tuff Mand Record ONL	egerDATE_	4-3-14
Conditions of Approval (if any):	6-0	ρ	,	///
	100	Adda - 1 10 1	<i>i</i>	/ \/
	·, - ·	record and	A DA A	7 2014 (



CONDED Phillips WARREN UNIT 275 Jec. 35-1205-R38B Fred. LSR. No. LC-063459