Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
Office  District I – (575) 393-6161  District II – (575) 748-1283  District II – (575) 748-1283		Revised August 1, 2011 WELL API NO.		
District II – (575) 748-1283			30-025-39353	_
811 S. First St., Artesia, NM 88210 QLL CONSERVATION DIVISION			5. Indicate Type of Lease	
District III - (505) 334-6178 MAR 2 5 2013 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE		
District IV – (505) 476-3460  1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.		
87505 RECEIVED			BLM NMLC057210	
SUNDRY NOTICES AND REPORTS ON WELLS (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			7. Lease Name or Unit Agreement Na MCA Unit	ime
PROPOSALS.)  1. Type of Well: Oil Well Gas Well X Other Injection		8. Well Number 483		
2. Name of Operator ConocoPhillips Company		9. OGRID Number		
ConocoPhillips Company			217817	
3. Address of Operator P. O. Box 51810		10. Pool name or Wildcat		
Midland, TX 79710			Maljamar; GB-SA	
4. Well Location		1: 1.101		
Unit Letter I : 2130	feet from the South			_line
Section 28	Township 17S Racvation (Show whether DR,	inge 32E	NMPM County Lea	
The Electric State of	evation (Snow whether DK,	RKB, KI, GR, elc.,		
12. Check Appropr	iate Box to Indicate N	ature of Notice.	Report or Other Data	•
			•	
			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			3 📙	
			<del></del> -	
<del>-</del>	PLE COMPL	CASING/CEMENT	1 JOB $\square$	
DOWNHOLE COMMINGLE				•
OTHER:	. $\square$	OTHER: 5 yr MIT		$\boxtimes$
<ol> <li>Describe proposed or completed ope of starting any proposed work). SEE proposed completion or recompletio</li> </ol>	E RULE 19.15.7.14 NMAC	pertinent details, and		ed date
ConocoPhillips Company performed & character Attached is a chart.	arted the 5 yr MIT on 3/12	/15 to 620#/35 min	s - test good.	
•				
			•	
			•	
	·			
Co. J. Data.	Dia Dalaga Da			
Spud Date:	Rig Release Da	ite:		
				·.
I hereby certify that the information above is	true and complete to the he	est of my knowledge	e and belief	
Thereby certify that the information above is	a de and complete to the oc	ost of my knowledg	value solies.	
SIGNATURE Shores Soc	TITLE Staff R	egulatory Technicia	an DATE <u>03/23/2015</u>	
Time on mint name Plant I P	ما المحد المحد ٢٠	wagarra@aaraa	philling com DUONE: (423)(00 01:	74
Type or print name Rhonda Rogers  For State Use Only	E-mail address	: rogerrs@conoco	phillips.com PHONE: (432)688-91	14
ADDROVED BY RIGHT	/ mm - <	1 4 m	ae DATE 3/21/201	
APPROVED BY: / Jef Soma Conditions of Approval (if any):	make_TITLE_S	talf Mano	geDATE_3/21/201	3 / ·
Conditions of Approval (II ally):			APR 0 2 2015	1,
			APR 0 2 2015	~

