Submit I Copy To Appropriate District Office District I = (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210	istrict II – (575) 748-1283 1. S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-025-42174
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aziec, NM 87410		STATE X FEE	
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87	7505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR BACK TO A			7. Lease Name or Unit Agreement Name RED HILLS WEST 16 STATE SWD
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other SWD			8. Well Number 1
2. Name of Operator ConocoPhill	Gas Well Other SWD	3 2015	9. OGRID Number 217817
Address of Operator P.O. Box Midland,	51810 FX 79710	IVED	10. Pool name or Wildcat BRUSHY CANYON
4. Well Location			
Unit Letter D: 1226 feet from the NORTH line and 893 feet from the WEST line			
Section 16		inge 32E	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3185.2'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A			LLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
DOWNHOLE COMMINGLE			
OTHER: STEP RATE TEST	\boxtimes	OTHER:	
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 respectfully requests to perform a step rate test on the Red Hills West 16 State SWD 1.			
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	DDO\/IDI		ESULTS ED FOR SWD-1514
PROVIDE S.R.T. RESULTS			
TO SANTA FE OCD FOR			
APPROVAL			
AFFROVAL			
24			
Spud Date:	Rig Release Da	te:	
I hereby certify that the information	shows is true and complete to the he	et of my knowledge	and balief
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE DATE 12/23/2015			
Type or print name Ashley Bergen E-mail address: ashley.bergen@cop.com PHONE: (432)688-6938			
For State Use Only / /			
APPROVED BY: Mary & SUDWN TITLE DIST. Supervision DATE 12/23/2015			
Conditions of Approval (if any):			
2 1 2015			