

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised August 1, 2011

WELL API NO. 30-025-00740 ✓	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name MCA UNIT ✓	
8. Well Number 150 ✓	
9. OGRID Number 217817 ✓	
10. Pool name or Wildcat MALJAMAR	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTION WELL ☒ **HOBBS OCD**

2. Name of Operator  
ConocoPhillips Company ✓

3. Address of Operator  
P. O. Box 51810  
Midland, TX 79710 **MAR 07 2016**

4. Well Location  
Unit Letter H : 1980 feet from the NORTH line and 660 feet from the EAST line  
Section 28 Township 17S Range 32E NMPM County LEA **RECEIVED**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: 5 YEAR MIT ☒

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 COMPANY CONDUCTED THE 5 YEAR MIT ON 2/17/16 TO 550#/32 MINS - TEST GOOD.  
CHART ATTACHED

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rhonda Rogers TITLE Staff Regulatory Technician DATE 02/24/2016 **KK**

Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174  
**For State Use Only**

APPROVED BY: Bell Sennamuh TITLE Staff Manager DATE 3/11/16  
Conditions of Approval (if any):

**MAR 14 2016** **OK**



