Submit 1 Copy To Appropriate District Office	Energy, Minerals and Natural Resources N. French Dr., Hobbs, NM 88240 ict H – (575) 748-1283 OH. CONSERNATION DIVISION		Form C-103 Revised August 1, 2011		
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.		
District H - (575) 748-1283			30-025-07877 ✓		
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease	EEE EA	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		STATE 6. State Oil & Gas Lease	FEE V	
1220 S. St. Francis Dr., Santa Fe, NM			o. State on & Gas Lease I	10.	
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Ag	greement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PE" MIT" (FORM C-101) FOR SUCH PROPOSALS.)			WARREN UNIT BLINEBRY TUBB WF		
1. Type of Well: Oil Well Gas Well Other INJECTION BELOCD			8. Well Number 017	8. Well Number 017	
2. Name of Operator ConocoPhillips Company MAR 0 7 2016			9. OGRID Number 217817		
3. Address of Operator P. O. Box	51810	1 2010	10. Pool name or Wildcat		
Midland,	TX 79710 RFC	EIVED	BLINEBRY		
4. Well Location		FIAED			
	feet from the SOUTH	line and 660			
Section 33		ange 38E	NMPM County	LEA	
	11. Elevation (Show whether DR	R, RKB, RT, GR, etc.,			
			DER MINISTER MANAGEMENT		
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 ALTERING CASING					
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A					
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB					
DOWNHOLE COMMINGLE					
OTHER:		OTHER: 5 YEAR	MIT	$\overline{\mathbf{X}}$	
	pleted operations. (Clearly state all	pertinent details, and	d give pertinent dates, includ		
	ork). SEE RULE 19.15.7.14 NMA	C. For Multiple Co.	mpletions: Attach wellbore	liagram of	
proposed completion or recompletion.					
CONOCOPHILLIPS COMPANY CONDUCTED THE 5 YEAR MIT ON 2/17/16 TO 380#/33 MINS - TEST GOOD. CHART ATTACHED					
CHARTATIACHED					
			. 5.		
Spud Date:	Rig Release D	ate:			
5744 2410.					
I hereby certify that the information	above is true and complete to the b	est of my knowledge	e and belief.	CF	
SIGNATURE Chouses	Joseph TITLE Staff F	Regulatory Technicia	n DATE 02/2:	5/2016	
Type or print name Rhonda Rogers	E-mail addres	s: rogerrs@conocop	phillips.com PHONE: (4	32)688-9174	
For State Use Only	,				
APPROVED BY: Sel Xo	manue TITLE S	Hoff Mana	ger DATE	3/11/16	
Conditions of Approval (if any):					

