

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

Form C-103
Revised August 1, 2011

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

WELL API NO. 30-025-31100	
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 386	
9. OGRID Number 217817	
10. Pool name or Wildcat MALJAMAR; GB-SA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

RECEIVED
MAR 07 2016
HOBBS OCD

1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injection Well ☐
2. Name of Operator ConocoPhillips Company
3. Address of Operator P. O. Box 51810
Midland, TX 79710
4. Well Location
Unit Letter F : 1921 feet from the NORTH line and 1995 feet from the WEST line
Section 29 Township 17S Range 32E NMPM County LEA

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 2/18/16 TO 560#/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

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

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

MAR 14 2016

