HOBBS OCD	
Submit I Copy To Appropriate District 2016 State of New	Mexico Form C-103
District I - (575) 393-6161 JUN 0 2 ZUN Energy, Minerals and N	atural Resources Revised August 1, 2011
District II – (575) 748-1283 SECEN FOIL CONSERVATION DIVISION 30-025-	
District III – (505) 334-6178	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM District IV - (505) 476-3460 Santa Fe, NM	87505 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	A-1320-9
SUNDRY NOTICES AND REPORTS ON WEI (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10	PLUG BACK TO A EAST VACUUM (GSA) ŬNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X	8. Well Number 513
2. Name of Operator ConocoPhillips Company	9. OGRID Number
3. Address of Operator p.O. Box 51810	217817 10. Pool name or Wildcat
Midland, TX 79710	VACUUM; GRAYBURG, SAN ANDRES
4. Well Location	
Unit Letter H : 2455 feet from the NORTH line and 442 feet from the EAST line	
Section 32 Township 17S Range 35E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3945' GL	
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 CASING/CEMENT JOB	
OTHER:	OTHER:
 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 seeks the approval to TA the well above for a period of up to five years. COP will run the MIT according to NMOCD rule 19.15.25.14 after logging the well and will submit results with the C-103 subsequent report.	
NMOCD CONDITIONS OF APPROVAL: Must notify OCD District Office 24 HOURS prior to running the TA Pressure Test	
Spud Date: Rig Release	Date:
I hereby certify that the information above is true and complete to the	e best of my knowledge and belief.
SIGNATURE WALLY Gorgen TITLE Rep	ulatory Associate DATE 06/01/2016
Type or print name Ashley Bergen E-mail addr For State Use Only	ress: ashley.bergen@cop.com PHONE: (432)688-6938
Pet	roleum Engineer 06/02/2016
APPROVED BY:	DATE
Conditions of Approval (It any).	