| Submit One Copy To Appropriate District Office | State of New M | exico | | Form C-103 |
|---|--|---------------------------|-------------------------------|---|
| District I E | Energy, Minerals and Natural Resources | | WELL API NO. | Revised August 1/2011 |
| 1625 N. French Dr., Hobbs, NM 88240 District II | TI Commence of the commence of | | | 30-025-27765 |
| 811 S. First St., Grand Ave., Artesia, NM OIL CONSERVATION DIVISION 88210 District III | | 5. Indicate Type of STATE | of Lease X FEE | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 | | | 6. State Oil & Ga | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM | 3 ZU18 | | B-2229 | |
| SUNDRY NOR SA | RTS ON WELL | S | 7. Lease Name or | Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | PHILMEX | / |
| 1. Type of Well: XOil Well Gas Well Other | | | 8. Well Number | 017 |
| 2. Name of Operator ConocoPhillips Company | | | 9. OGRID Numb | er 217817 |
| 3. Address of Operator P. O. Box 51810 Midland, TX 79710 | | | 10. Pool name or LEAMEX, PADD | |
| 4. Well Location | | | <u> </u> | |
| | from the S line and \underline{J} | | line / | |
| | S Range 33E NMP | | | |
| | levation <i>(Show whether DI</i> 3' GL | K, KKB, KI, GK, etc., | | |
| 12. Check Appropriate Box to Indica | ate Nature of Notice, I | Report or Other D | ata | Min a married to the married to the married to the state of the state |
| NOTICE OF INTENT | ION TO: | SUB | SEQUENT REI | PORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | | | • | ALTERING CASING |
| TEMPORARILY ABANDON | | | | P AND A / |
| PULL OR ALTER CASING | TPLE COMPL | CASING/CEMENT | L JOB 🖂 | 1 |
| OTHER: | | | ady for OCD inspe | |
| All pits have been remediated in complex Rat hole and cellar have been filled and | | | | |
| X A steel marker at least 4" in diameter at | | | | |
| OPERATOR NAME, LEASE NA | ME. WELL NUMBER. | API NUMBER. OU | ARTER/OUARTE | ER LOCATION OR |
| UNIT LETTER, SECTION, TO | WNSHIP, AND RANGE. | All INFORMATIO | | |
| PERMANENTLY STAMPED O | N THE MARKER'S SUF | RFACE. | | |
| ∑ The location has been leveled as nearly | as possible to original gro | and contour and has | been cleared of all j | unk, trash, flow lines and |
| other production equipment. Anchors, dead men, tie downs and riser | s have been out off at least | two fact below grou | nd laval | |
| If this is a one-well lease or last remain | | | | ted in compliance with |
| OCD rules and the terms of the Operator's p | it permit and closure plan. | All flow lines, prod | uction equipment ar | id junk have been removed |
| from lease and well location. X All metal bolts and other materials have | been removed. Portable b | ases have been remo | ved. (Poured onsite | concrete bases do not have |
| to be removed.) | | | (2 | |
| All other environmental concerns have Pipelines and flow lines have been abar | | | All fluids have bee | en removed from non- |
| retrieved flow lines and pipelines. | aonea in accordance with | 19.13.33.10 NMAC. | All fluids have bee | in removed from non- |
| When all work has been completed, return the | is form to the annuanciate | District office to sob | adula an inanastian | |
| when an work has been completed, retash to | iis form to the appropriate | District office to sch | edule an inspection. | |
| SIGNATURE TO TO | TITLE S | taff Regulatory Tech | nician | DATE <u>05/16/2018</u> |
| TYPE OR PRINT NAME Rhonda Rogers For State Use Only | E-MAIL | rogerrs@conocoph | nillips.com P | HONE: <u>(432)688-9174</u> |
| APPROVED BY: Kerry Forth Conditions of Approval (if and): | TITLE (| Compliance & | Office A | DATE 7-7-18 |
| Constitution of the property (in the property). | | | | |

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