

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

WELL API NO. 30-025-44235
5. Indicate Type of Lease Federal STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMLC062749B
7. Lease Name or Unit Agreement Name ZIA HILLS 19 FEDERAL COM
8. Well Number 108H
9. OGRID Number 217817
10. Pool name or Wildcat ZIA HILLS; WOLFCAMP

SUNDRY NOTICES AND REPORTS ON WELLS (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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other _____						7. Lease Name or Unit Agreement Name ZIA HILLS 19 FEDERAL COM	
2. Name of Operator ConocoPhillips Company						8. Well Number 108H	
3. Address of Operator 903 N ELDRIDGE PARKWAY HOUSTON, TX 77079						9. OGRID Number 217817	
4. Well Location Unit Letter ____ Lot 2_: __2627__ feet from the __North____ line and __529____ feet from the __West____ line Section 19 Township 26S Range 32E NMPM County LEA						10. Pool name or Wildcat ZIA HILLS; WOLFCAMP	
		11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>) 3176					

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	MULTIPLE COMPL	<input type="checkbox"/>
DOWNHOLE COMMINGLE	<input type="checkbox"/>		
CLOSED-LOOP SYSTEM	<input type="checkbox"/>		
OTHER:	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: WELL COMPLETION
☒

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.

11/8/20 PT PROD CSG TO 1500#/30 MINS TEST HELD

11/25/20 – 12/20/20 PERF F/12,096' – 21,622'. ACIDIZE W/15% HCL ACID & 24,590.545 TOTAL PROPPANTS

12/31/20 RDMO

Spud Date:

1-9-20

Rig Release Date:

4/9/20

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

SIGNATURE Jeremy Lee TITLE Regulatory Coordinator DATE 1/27/21

Type or print name Jeremy Lee E-mail address: Jeremy.L.Lee@cop.com PHONE: 832-486-2510

For State Use Only

APPROVED BY:	TITLE	DATE
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Conditions of Approval (if any):

District I

1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II

811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III

1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 15934

CONDITIONS OF APPROVAL

Operator:	OGRID:	Action Number:	Action Type:
CONOCOPHILLIPS COMPANY P.O.Box 2197 Office SP2-12-W156 Houston, TX77252	217817	15934	C-103T

OCD Reviewer	Condition
plmartinez	None