

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87424

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

5 Form C-103
Revised March 25, 1999

WELL API NO.	30-015-26232
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. K-3271	
7. Lease Name or Unit Agreement Name James A	
8. Well No.	007
9. Pool name or Wildcat Cabin Lake - Delaware	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3223' GL	

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator
ConocoPhillips Company

3. Address of Operator
4001 Penbrook St. Odessa TX 79762

4. Well Location

Unit Letter P : 500 feet from the South line and 660 feet from the East line

Section 2 Township 22-S Range 30-E NMPM County Eddy

11. 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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

OTHER: Laid New Flow Line ☒

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

5/19/2003 Laid 2-7/8" steel flow line to the James A Battery, following the existing flow line. The length was 2780'.

Accepted for record - NMOCD

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

SIGNATURE Alva Franco TITLE Regulatory Assistant DATE 05/27/2003

Type or print name Alva Franco

Telephone No. (915)368-1665

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: