9	Submit 3 Copies To Appropriate Distr Office * District I	Energ		New Mo	exico ural Resources	Form C-103 Revised June 10, 2003 WELL API NO.				
-	1625 N. French Dr., Hobbs, NM 8824 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88: <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 874 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505				30-045-32111 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.				
	SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)						7. Lease Name or Unit Agreement Name STATE M 8. Well Number			
	 Type of Well: Oil Well						a. Well Nulliber			
	Name of Operator CONOCOPHILLIPS CO.							Number 2178	317	
	3. Address of Operator P.O. BOX 2197 WL3 6108 HOUSTON TX 77252						10. Pool name or Wildcat BASIN DAKOTA / BLANCO MESAVERDI			
	4. Well Location								ive wilding the	
	Unit Letter_E	:_	1945	feet from the	NORTH	line and _	660 fee	et from the _	WESTline	
	Section 16 Township 29N Range 8W NMPM County SAN JUAN								y SAN JUAN	
į			11. Eleva 6485 GL		on (Show whether DR, RKB, RT, GR, et					
						SU REMEDIAL WO	BSEQUENT 1	REPORT O	ING CASING □	
	PULL OR ALTER CASING		MULTIPL COMPLE			CASING TEST A CEMENT JOB	AND [J	
	OTHER: DHC				X	OTHER:				
	13. Describe proposed or configuration of starting any propose or recompletion. In reference to Order #R-113	d wo	rk). SEE R	ULE 1103. I	For Multip	le Completions: A	Attach wellbore of	liagram of pro	oposed completion	
	Proposed perforations are: Basin Dakota 7399' - 7659' Blanco Mesaverde 4749' - 5649'									
	Allocation will be by test.	Allocation will be by test.								
Commingling in this well will not reduce the value of the remaining production.										
	Interest owners are identical	are identical in all pools.								
	The State Land Office has be	en no	otified of ou			(%)	3			
_	DHC 1453AZ									
I hereby certify that the information above is true and complete to the best of my knowledge and belief.										
	SIGNATURE TITLE REGULATORY ANALYST DATE 03/26/2004 deborah.marberry@conocophillips.com									
	ype or print name DEBORAH	MA	RBERRY		E-mail ac			Telephone	No. (832)486-2326	
	This space for State use) PPPROVED BY	X		/ /	DEP!	UTY OIL & GAS IN	ISPECTOR, DIST. (MAR DATE	29 2004	
	onditions of approval, if any:		-// // /					DAIE		