Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I	istrict I Energy, Minerals and Natural Resources				March 4, 2004
1625 N. French Dr., Hobbs, NM 88240 District II	OH COME			WELL API NO.	30-045-32353
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type	of Lease	
District III 1220 South St. Francis Dr. 1220 South St. 1220 South St. 1220 South St. 1220 South St. 12			STATE		
District IV Santa Fe, NW 8/303			6. State Oil & G	as Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		46	91011272 1		
SUNDRY NO	TICES AND REPORTS	ON WELLS	3 4 7 3 3	7. Lease Name	or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROF DIFFERENT RESERVOIR. USE "APPI PROPOSALS.)	OSALS TO DRILL OR TO DE JICATION FOR PERMIT" (FO	EEPEN OR PL ORM C-P01) F	UG/BACK TO A OR SUCH2004	San Juan 32-7 U	Jnit
1. Type of Well:		[m 0]	10000	8. Well Number	1
Oil Well Gas Well	X Other	6	DIST AN S	J	210A
2. Name of Operator		W.C.	,100	9. OGRID Num	ber
ConocoPhi			Dec. 200 9		217817
3. Address of Operator P.O. Bo	ox 2197, WL3-6081, Hou	ston Tx 772	32 (() () () ()	10. Pool name o	l l
				Basin Fruitland	Coal
4. Well Location					
Unit Letter I	: 2400 feet from the	ne South	line and 800	feet fro	om the East line
Section 36	Township 3	2N R	ange 7W	NMPM	County San Juan
	11. Elevation (Show 6420 GL	whether DR	, RKB, RT, GR, etc.)		The second second
Pit or Below-grade Tank Application (F		osures, a form	C-144 must be attached		
Pit Location: UL Sect Twp				_	earest fresh water well
Distance from nearest surface water_					-
feet from the line and			seet1 wp		
nicand	ect if our the			•	
	Appropriate Box to	Indicate N	•	_	
	NTENTION TO:	_		SEQUENT <u>R</u> E	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	DN L	REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIL	LING OPNS.🛚	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ID 🗆	,
OTHER:		П	OTHER:		
	mlated anarotions (Class	rly state all :		airra mantinant dat	an including estimated data
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
APD/ROW					
This well spud 07/02/2004 @	1800 hrs.				
I hereby certify that the information	above is true and comp	lete to the be	est of my knowledge	and belief I furth	er certify that any nit or helow-
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.					
SIGNATURE Chiuting	Quitante	_TITLE_As	Agent for ConocoP	hillips Co	DATE 07/08/2004
Type or print name Christina Gusta	artis	E-mail ad	ldress: christina.gusta	artis@conocophi T i	plephone No.(832)486-2463
(This space for State use)					
APPPROVED BY	L~	TITLE	UTY OIL'S GAS INSP	LCTOR, DIST. AR	DATE 19 2004
	7 -			The state of the s	

APPPROVED BY Conditions of approval, if any: