Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103
District I	Energy, Minerals and Natur	ral Resources	March 4, 2004
1625 N. French Dr., Hobbs, NM 88240			ELL API NO.
District II	OIL CONSERVATION	1 11 V 1 N 11 11 11 11 11 11 11 11 11 11 11 11	039-26967-00-X1
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Fran	1 5	Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
District IV	Santa Fe, NM 87	$505$ $\boxed{6}$ .	State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			
87505	EG AND DEDODTE ON WELLS		T NT TT 'A A
(DO NOT USE THIS FORM FOR PROPOSA	ES AND REPORTS ON WELLS		Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICA			n Juan 28-7 Unit
PROPOSALS.)		2 1 N 1 N	
1. Type of Well:	Area		Well Number
Oil Well Gas Well X	Other 63	$\hat{u}_{\Omega_{\alpha}}$ 23:	3F
2. Name of Operator		· · · · · · · · · · · · · · · · · · ·	OGRID Number
ConocoPhillips Company	(Land	26 262.3	5073
3. Address of Operator	Ten Comments		Pool name or Wildcat
•	125	i. 7	anco Mesaverde/Basin Dakota
4001 Penbrook, Odessa, TX 79762	<u>\</u>	DIS DIS	anco Wesaverde/Basin Dakota
4. Well Location	~4.5.8.L	9,3	
		1 1000	
Unit Letter D 15	5 feet from the <u>north</u>	_line and <u>270</u> feet:	from the <u>west</u> line
	T 1: 007	D 5111	)
Section 14	Township 28N		NMPM Rio Arriba County
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)	
	6177 GL		THE PERSON NAMED IN COLUMN TWO
Pit or Below-grade Tank Application (For p	oit or below-grade tank closures, a form	C-144 must be attached)	
Pit Location: UL D Sect 14 Twp 28	<u> N Rng 7W</u> Pit type <u>Drill Pit</u> Dep	oth to Groundwater >100'	distance from nearest fresh water well >200
<1000' Distance from nearest surface water	>200' <1000' Below-gra	de Tank Location UL	Sect Twp Rng ;
feet from theline and			
itet from theinc and	neet from thenne		
12. Check A	opropriate Box to Indicate N	ature of Notice. Rer	ort or Other Data
	opropriate Box to Indicate N		
NOTICE OF INT	ENTION TO:	SUBSE	QUENT REPORT OF:
	ENTION TO:		QUENT REPORT OF:
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