	Submit 3 Copies To Appropriate District Office		New Mexico and Natural Resources		Form C-103 May 27, 2004	
	District I 1625 N. French Dr., Hobbs, NM 88240	Lifelgy, Williciais	and realural resources	WELL API NO.	30-039-08134	
	District II 1301 W. Grand Ave., Artesia, NM 88210		ATION DIVISION	5. Indicate Type of		
	District III 1000 Rio Brazos Rd., Aztec, NM 87410		St. Francis Dr.	STATE	FEE	
	<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe	e, NM 87505	6. State Oil & Gas	Lease No.	
	SUNDRY NOTICES AND REPORTS ON WELLS TO DEPEND A CHIEF AND REPORTS ON WELLS ON WELLS TO DEPEND A CHIEF AND REPORTS ON WELLS TO DEPEND A					
	1. Type of Well: Oil Well	Gas Well X Other	E DAY BOW. 3	8. Well Number	8	
		HILLIPS CO.		9. OGRID Numbe	217817	
	3. Address of Operator P.O. BOX HOUSTO	X 2197 WL3 6108 DN, TX 77252	663 35 VE ST. W. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	10. Pool name or 'BLANCO PC SC		
Ī	4. Well Location	1000	GOVERN			
	Unit Letter P: 1090 feet from the SOUTH line and 890 feet from the EAST					
	Section 2		N Range 4W nether DR, RKB, RT, GR, etc.	NMPM)	CountyRIO ARRIBA	
r	Pit or Below-grade Tank Application or Closure Pit type workover Depth to Groundwater <50 Distance from nearest fresh water well >1000' Distance from nearest surface water >200'					
- 1						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT O						
	PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL		iK □ . ILLING OPNS.□	ALTERING CASING P AND A	
	OTHER:PIT CONSTRUCTION		☑ OTHER:		П	
-	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.					
ConocoPhillips requests approval to construct a pit at this location as per the NMOCD guidelines. We anticipate closure as per the guidelines also.						
		:	•			
Ī	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 [X], a general permit \square or an (attached) alternative OCD-approved plan \square .					
5	SIGNATURE Librah	Markety.	TITLE REGULATORY ANA	LYST	DATE 12/03/2004	
	Type or print name DEBORAH MA For State Use Only	ARBERRY (E-mail address:deborah.mart	perry@conocophiliple	1010 Co.4832)486-2326	
	1 00000	tout.	DEPUTY OIL & GAS IM			
	APPROVED BY: Conditions of Approval (if any):	10009	FITLE		DATE	