Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 May 27, 2004		
District I • 1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO		
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type STATE	e of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			6. State Oil & C		-
1220 S. St. Francis Dr., Santa Fe, NM 87505						
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.)				7. Lease Name or Unit Agreement Name Omler A		
1. Type of Well: Oil Well Gas Well X Other				8. Well Number	r 1	
2. Name of Operator ConocoPhillips Co.				9. OGRID Number 217817		
3. Address of Operator P.O. Box 2197, WL3-6081				10. Pool name or Wildcat		
Houston, Tx 77252				Basin Dakota		
4. Well Location Unit Letter G:	1650 feet from the	North	line and 16	50 feet fr	om the East line	e
Section 26	Township 281	N Range	10W	NMPM	CountySan Juan	-
	11. Elevation (Show wh	ether DR, RK	B, RT, GR, etc.,)		
Pit or Below-grade Tank Application 🛛 or Pit type Workover Depth to Groundwa		rest fresh water	well >1000' Dist	tance from nearest suc	rface water <200'	
Pit Liner Thickness: 12 mil	Below-Grade Tank: Vol		·	onstruction Material		
12. Check A	appropriate Box to Inc	dicate Natu	re of Notice,	Report or Othe	r Data	
NOTICE OF IN	TENTION TO:		SUR	SEQUENT RE	EPORT OF:	
PERFORM REMEDIAL WORK □	PLUG AND ABANDON	☐ RE	MEDIAL WOR		ALTERING CASING]
TEMPORARILY ABANDON					P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	□ CA	\SING/CEMEN ⁻	r JOB ⊔		
OTHER:Workover Pit Notification	(01, 1		HER:]_
13. Describe proposed or compl of starting any proposed wo or recompletion.	rk). SEE RULE 1103. F	or Multiple C	nent details, and ompletions: At	d give pertinent da tach wellbore diag	tes, including estimated d ram of proposed completi	ate ion
ConocoPhillips proposes to construc	ct a workover pit as per N	MOCD guide	lines. We also a	anticipate closure a	is per the guidelines.	
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				OCABCALCAP		
I hereby certify that the information a	above is true and complete	e to the best o	f my knowledge	e and belief. I furth	ner certify that any pit or below	
grade tank has been/will be constructed or o	closed according to NMOCD g	guidelines 🔀, a g	eneral permit 🗍	or an (attached) alter	native OCD-approved plan 🗌	•
SIGNATURE Chis Qu	Ventu]	TITLE As Age	nt for ConocoP	hillips Co	DATE 03/11/2005	
Type or print name Christina Gustart For State Use Only	iis	E-mail addres	s:christina.gust	artis@conocophil[ielephon e No. (832)486-24	1 63
APPROVED BY 1 TO AM	To all	THE SHIPS ON	& GAS INSPEC	TOR. DIST. 482	MAR 1 4 2000	

APPROVED BY: Conditions of Approval (if any):

DATE