Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Reso	ources June 16, 2008
1625 N. French Dr , Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVIS	SION 30-039-25204
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE M FEE
District IV	Santa Pe, INIVI 67303	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		E-347-47
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA	ES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK ATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.) 1. Type of Well: Oil Well		8. Well Number 38E
2. Name of Operator		9. OGRID Number 217817
CONOCOPHILLIPS COMPA	NV	9. OGRID Number 21/81/
3. Address of Operator	IVE	10. Pool name or Wildcat
P.O. BOX 4289, FARMINGTON NM 87499		BLANCO MESAVERDE
4. Well Location		
		_1843'feet from theFELline
Section 02 Tow	nship 030N Range 006W	NMPM County RIO ARRIBA
	11. Elevation (Show whether DR, RKB, R	RT, GR, etc.)
2.77	6421' GR	
12. Check A	ppropriate Box to Indicate Nature o	of Notice, Report or Other Data
NOTICE OF INT	ENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REME	DIAL WORK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS ☐ COMM	MENCE DRILLING OPNS. ☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL CASIN	NG/CEMENT JOB
OTHER:	OTHE	
13. Describe proposed or comple	eted operations. (Clearly state all pertinent	t details, and give pertinent dates, including estimated date
	k). SEE RULE 1103. For Multiple Comp	pletions: Attach wellbore diagram of proposed completion
or recompletion.		
	Il returned to production as a standalone N	Mesaverde. Returned to production on <u>04/12/11</u> and
produced an initial MCF of <u>181</u> .		
		118192027
		(A67) (
TD. 201 CD. 454 I	242.1 MCE. 101	
TP: 201 CP: 454 Ir	nitial MCF: 181	/8 RECEIVED &
Meter No.: 81461		C FEBRUARY E
Meter No.: 61401		
Gas Co.: WFS		\2 OIL CONS. DIV. DIST. 3
PROJECT TYPE: REDELIVERY		
TROUBET TITE: REDEET EXT		So : .co
		RECEIVED BY OIL CONS. DIV. DIST. 3
71 1 2'C 4 4 1 C 4'	1	
I hereby certify that the information a	bove is true and complete to the best of my	y knowledge and belief.
		
SIGNATURE Jansini	TITLE SHOPED	degulatory TechDATE10/17/11
SIGNATURE / CONTROL	HILE_Stall R	Cogulatory TeonDATE10/1//11
Type or print name Tomre Sessions		
For State Use Only	E mail address: tomre descripe	25@ConocoPhilling com DUONE: 505 226 0824
roi aixie use UIIIV	E-mail address: tamra.d.session	ns@ConocoPhillips.com PHONE:505-326-9834
To State of Smy	E-mail address: tamra.d.session	ns@ConocoPhillips.com PHONE:505-326-9834
		
APPROVED BY: \(\(\cappa_0\) \(\cappa_0\)	G ROCOLD TITLE	
		