Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		June 16, 2008 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONCEDIATION DIVIGION		30-045-35292	
1301 W. Grand Ave, Artesia, NM 88210 District III			5. Indicate Type of Lease	
1000 Rio Brazos Rd , Aztec, NM 87410	1000 Bio Brazos Bd. Artes NM 97410		STATE STATE FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	20 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas L E-504-15	ease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name SAN JUAN 32-5 UNIT	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number 11	
1. Type of Well: Oil Well Gas Well Other				
2. Name of Operator CONOCOPHILLIPS COMPANY			9. OGRID Number 217817	
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499			10. Pool name or Wildcat BASIN FRUITLAND COAL	
4. Well Location				
Unit Letter G: 2140' feet from the FNL line and 2305' feet from the FEL line				
Section 21 Township 032N Range 006W NMPM SAN JUAN County NM 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
6385' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐				
TEMPORARILY ABANDON				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB 🔲	
OTHER:		OTHER:	FIRST-DELIVERY	01/03/12
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.				
This well is a new drill and was first-delivered on <u>01/03/12</u> and produced natural gas and entrained hydrocarbons of <u>824 MCF</u> .				
			DAI	VD JAN 3'12
TP: 600 CP: 600 Initial MCF: 824				
Meter No.: 80104	illiar MCF. 024		Oli	_CONS. DIV.
Gas Co.: WFS				DIST. 3
Gas Co WFS				
I hereby certify that the information a	have is true and complete to the h	est of my knowledg	ve and helief	
Thereby certify that the information a	sove is true and complete to the o	est of my knowledg	ge and belief.	
SIGNATURE and size	TITLESt	aff Regulatory Tecl	hDATE	01/03/12
Type or print nameTamra Sessions	E-mail address: tamra.	d.sessions@Conoc	oPhillips.com PHONE:	505-326-9834
For State Use Only		~	-	
ACCEPTED FO	R RECORD TITLE		DATE	
APPROVED BY:Conditions of Approval (if any):	IIILE		DATE	
Conditions of Approval (it airs).	A			

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