Submit 3 Copies To Appropriate District Office	Energy Minerals and Natural Decourses		Form C-103 May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-039-21116		
District II 1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1200 Rio Brazos Rd., Aztec, NM 87410			STATE FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 875	,003	6. State Oil & Gas Lease No.	
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 AXI APACHE O	e
1. Type of Well: Oil Well Gas Well X Other			8. Well Number 7	
2. Name of Operator CONOCOPHILLIPS CO.			9. OGRID Number 217817	
3. Address of Operator P.O. BOX 2197 WL3 6108 HOUSTON, TX 77252			10. Pool name or Wildcat BLANCO PC SOUTH	
4. Well Location				
Unit Letter H : Section 3	1450 feet from the NORTH	line and 110		
Section 3	Township 25N Ran 11. Elevation (Show whether DR, I	ge 4W RKB, RT, GR, etc.)	NMPM CountyRIO ARRIBA	1
Pit or Below-grade Tank Application 🔲 o	or Closure 🗌		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ater <u>0-50'</u> Distance from nearest fresh wa			
Pit Liner Thickness: 12 mil			astruction Material	
12. Check A	Appropriate Box to Indicate Na	ture of Notice, I	Report or Other Data	
	ITENTION TO:		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	-	REMEDIAL WORK COMMENCE DRIL	_	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		
OTHER:pit construction	X	OTHER:	1	\Box
13. Describe proposed or comp of starting any proposed we	oleted operations. (Clearly state all pe	ertinent details, and	give pertinent dates, including estimated ach wellbore diagram of proposed comple	
or recompletion. ConocoPhillips proposes to constru	act a workover pit for this well as per	NMOCD guideline	s. We anticipate closure as per guidelines	S
also.				
			W27V28V	
		- TO 2	(21 (3 (9 25 25))	
			101 200	
			MAY 2005	
			Care Div.	
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		and the state of t	6819 m	
I haraby certify that the information	above is two and complete to the bar	4 - C 1 1 - 1 - 1 - 1	and belief. I further certify that any pit or be	
grade tank has been/will be constructed or	closed according to NMOCD guidelines	st of my knowledge , a general permit 🗌 o	and Delief. I further certify that any pit or be or an (attached) alternative OCD-approved plan	low- □.
SIGNATURE Khorek	Markette TITLE REC	ULATORY ANAI	LYST DATE 05/20/2005	-
Type or print name DEBORAH MA For State Use Only	ARBERRY E-mail add	lress:deborah.marb	erry@conocophilipiephome No. (832)486-	
1 8 11	Herry M.	UTY OIL & GAS IN	PECTOR, DIST. & MAY 23 20	05
APPROVED BY: Conditions of Approval (if any):	TITLE	-	DATE	-