Submit 3 Copies To Appropriate District Office District I		of New Mexico Is and Natural Resources		Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.	30-045-32816
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSER		RVATION DIVISION ath St. Francis Dr.	5. Indicate Type STATE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa	Fe, NM 87505	6. State Oil & Ga	as 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			7. Lease Name o SAN JUAN 32-7	r Unit Agreement Name UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other			8. Well Number	249
2. Name of Operator CONOCOPHILLIPS CO.			9. OGRID Numb	per 2178 1 7
3. Address of Operator P.O. BOX 2197 WL3 6108 HOUSTON, TX 77252			10. Pool name of BASIN FRUIT	1
4. Well Location	929	EMI 1. 1	510	д БУЛ
Unit Letter L Section 9	: 828 feet from the Township	ne FNL line and line and Range 7W	NMPM feet fro	m the FWL line CountySAN JUAN
	11. Elevation (Show 6330 GL	whether DR, RKB, RT, GR,		
Pit or Below-grade Tank Application Pit type Depth to Ground		nearest fresh water well	Distance from nearest sur	face water
Pit Liner Thickness: m			Construction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK				ALTERING CASING
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL	☐ COMMENCE ☐ CASING/CEM	DRILLING OPNS. ENT JOB	P AND A
OTHER:case & frac		X OTHER:		
13. Describe proposed or com	pleted operations. (Cleavork). SEE RULE 1103		, and give pertinent dat Attach wellbore diag	es, including estimated date
This is filed as an after the fact su rates and the slow pressure build a cavitation completion to a case & for the change, provided that the l	rate during the shut-in ter frac completion. Per a c	sts, the completion for the Sa call to Steve Hayden on 6/17,	in Juan 32-7 #249 well , we received verbal ap	was changed from a proval from the OCD
satisfied by the decision to run the			12 men casing shoe. 1	ins requirement was
		17.00	[20] 3(13) 7 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	•
			Jun 5 3	
			2005 S)	
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		V.		
I hereby certify that the information	n above is true and com	olete to the best of my knowl	edge and belief. I furth	er certify that any nit or helow-
grade tank has been/will be constructed	or closed according to NMO	D guidelines 🔲 a general nermi	t or an (attached) alteri	to toring the day pro or borow
SIGNATURE	1/1/1 //	gardennes, a general per im		ative OCD-approved plan ∐.
	Markers	TITLE REGULATORY A	NALYST	DATE 06/28/2005
Type or print name DEBORAH M For State Use Only	Marberry)	TITLE REGULATORY A E-mail address: deborah.r	NALYST	· · ·