

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Jun 19, 2008

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

| |
|---|
| WELL API NO. 30-039-24610 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. E-289-50 & E-289-55 |
| 7. Lease Name or Unit Agreement Name San Juan 29-6 Unit |
| 8. Well Number 231H |
| 9. OGRID Number 217817 |
| 10. Pool name or Wildcat Basin Fruitland Coal |

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
ConocoPhillips Company

3. Address of Operator
P.O. Box 4289, Farmington, NM 87499-4289

4. Well Location
 Unit Letter **B** : **816** feet from the **North** line and **974** feet from the **East** line
 Section **36** Township **29N** Range **6W** NMPM **Rio Arriba** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6405' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| | | | |
|---|--|--|--|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input checked="" type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| OTHER: <input checked="" type="checkbox"/> Cancel Lateral | | OTHER: <input type="checkbox"/> | |

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.

ConocoPhillips does not intend to do the recompletion work to convert the subject well to a horizontal well at this time. Please remove the 'H' from this well number and when it is decided to recomplete this well we will ask to re-add the 'H' after the recompletion.

RCVD JUN 28 '13
 OIL CONS. DIV.

Spud Date: Rig Released Date: DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Dollie L. Busse* TITLE Staff Regulatory Technician DATE 6/28/13

Type or print name Dollie L. Busse E-mail address: dollie.l.busse@conocophillips.com PHONE: 505-324-6104

For State Use Only

APPROVED BY: *Chuck* TITLE SUPERVISOR DISTRICT # 3 DATE JUL 15 2013
 Conditions of Approval (if any): AV