

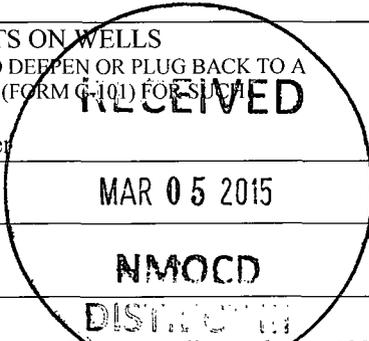
Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

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. <b>30-039-27514</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>E-347-36</b>
7. Lease Name or Unit Agreement Name <b>San Juan 30-5 Unit</b>
8. Well Number <b>231A</b>
9. OGRID Number <b>217817</b>
10. Pool name or Wildcat <b>Basin Fruitland Coal</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>6591' GR</b>



**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 **E** : **1430** feet from the **North** line and **1035** feet from the **West** line  
Section **32** Township **30N** Range **5W** NMPM **Rio Arriba County**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 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 type="checkbox"/>		<input checked="" type="checkbox"/> <b>Location is ready for OCD inspection after P&amp;A</b>	

\*Twinned with the San Juan 30-5 Unit 9A (3003922710)

- All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.
- Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.
- A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It show the

*Not complete*

**OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKERS SURFACE.**

- The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. (SEE ATTACHED)
- Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. (SEE ATTACHED)
- If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow removed from lease and well location. (SEE ATTACHED)
- All metal bolts and other materials have been removed. Portable bases have be have to be removed.) (SEE ATTACHED)
- All other environmental concerns have been addressed as per NMOCD rules.
- Pipelines and flow lines have been abandoned in accordance with 19.15.35.101 retrieved flow lines and pipelines. (SEE ATTACHED)

**DENIED**

*Location not ready to be Release refile when Location is ready. BP 3-23-15*

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE *Dollie L Busse* TITLE Staff Regulatory Technician DATE 3/4/15

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: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_

*dw*