Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, wither are and realitial resources		WELL API NO. 30-039-27506
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		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 SAN JUAN 29-6 UNIT
1. Type of Well: Oil Well	Gas Well X Other	8. Well Number 218A	
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 BASIN FRUITLAND COAL
4. Well Location			
Unit Letter D: 865 feet from the NORTH line and 1060 feet from the WEST line Section 5 Township 29N Range 6W NMPM CountyRIO ARRIBA			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6783' GL Pit or Below-grade Tank Application or Closure			
Pit type WORKOVE Bepth to Groundwater 50-10 Distance from nearest fresh water well > 1000 Distance from nearest surface water > 500			
Pit Liner Thickness: 12 mil			Construction Material
12. Check	Appropriate Box to Indic	ate Nature of Notice	e, 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	_		RILLING OPNS. P AND A
	_		
OTHER:CONSTRUCT PIT 13. Describe proposed or com		OTHER:	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 requests approval to construct a workover pit as per the NMOCD guidelines.			
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			211 W 837
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.			
SIGNATURE Shoreh Markett, TITLEREGULATORY ANALYST DATE 01/24/2006			
Type or print name DEBORAH MARBERRY E-mail address: deborah.marberry@conocophilliqlepstome No. (832)486-2326 For State Use Only LAN. 2 6 200			
APPROVED BY: Demy Conditions of Approval (if any):	Jour III	TLE	DATE DATE