Submit 3 Copies To Appropriate District Office District 1	Form C-103 March 4, 2004					
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.					
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	30-039-26930 5. Indicate Type of Lease					
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE					
District IV	6. State Oil & Gas Lease No.					
1220 S. St. Francis Dr., Santa Fe, NM 87505						
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOSE)		JUG BACK TO A		or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ATION FOR PERMIT (FORM C-101) F	OK SUCH	San Juan 28-7 U			
1. Type of Well: Oil Well Gas Well X	8. Well Number #130F					
2. Name of Operator			9. OGRID Num	ber		
ConocoPhillips Oil & Gas Compa 3. Address of Operator	ny		14538 10. Pool name o	r Wildoot		
P.O. Box 4289, Farmington, NM	37499-4289		Blanco Mesaverde/ Basin Dakota			
4. Well Location						
Unit Letter N : 5	feet from the South	line and1	1485 feet from the	e <u>West</u> line		
Section 2	Township 27N Ra	ange 7W NMP	M Rio Arriba	County		
Committee of the state of the s	11. Elevation (Show whether DI			30 cm (1986) 11 (1986) 11 (1986)		
	6565' GI			2014 B-95-4 8 12 1		
12. Check Appropriate Box to	Indicate Nature of Notice,	Report or Other	Data			
NOTICE OF IN		SUE REMEDIAL WOR	SSEQUENT RE	EPORT OF: ALTERING CASING □		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	RILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A	ND 🗆	ABANDONVIENT		
OTHER: Commingle		OTHER:				
	eted operations. (Clearly state all rk). SEE RULE 1103. For Multi					
One on Drilling would like to a				. Male Aleks Destrict		
ConocoPhillips would like to a						
producer. DHC application will	be submitted before well is	commingled. Pie	ease see attach	ea proceaure.		
I hereby certify that the information grade tank has been/will be constructed or						
SIGNATURE	la Dána	TITLE _]	Regulatory Tech_ [DATE <u>2/27/2007</u>		
Type or print name Amanda Sanche	ez E-mail address: sandoar@	conocophillips.com	Telephone No.	505-326-9700		
(This space for State use)						
	A 1 3	BUTY OR & GAS II	NSPECTOR, DIST. A.	MAD O G 2007		
APPPROVED BY Conditions of approval, if any:	TITLE_			DATE MAR 0 6 2007		
•			, 1	RCVD MARG'07		
	HOLD 0104 FOR	Charge in	states	OIL CONS. DIV.		
		to 28 7 A	· IOL YOU			
	\$ 3/15/07	/V (V '				

PROCEDURE:

- 1. Notify operator (Danny Roberts 505-215-0283) of plans to move on the well.
- 2. Test anchors prior to moving on location. Last known date of rig work: May 2002.
- 3. Prior to moving in the rig, have WL retrieve the plunger and bottom spring. Set plug to prevent any other releases up the tubing while pulling the tubing.
- 4. Ensure that well is shut in, energy isolated, locked and tagged out; Cathodic protection disconnected. Record SI tbg; SI csg: Braidenhead pressures in the daily reports.
- 5. Hold pre-job Safety Meeting.
- 6. MI & RU WO rig.
- 7. If necessary, kill well w/ 2% KCL water (contingent on Category designation of well; refer to COPC well control manual, (Refer to COPC well control manual, Sec 6.13 ND wellhead and NU BOPE). This well is a class 2, category 1 well.
- 8. Install BPV.
- 9. ND wellhead and NU BOPE. (refer to COPC well control manual)
- 10. Remove BPV.
- Tag with tubing before pulling out of the hole to check of fill. POOH with tubing.
- 12. RIH and set composite bridge plug to isolate the Dakota zone at 7381'.
- 13. Load well with 2% KCL fluid.
- Rig up Wellhead Isolation tool if needed. (check tree & well head MAXIMUM PRESSURE RATING)
- 15. Pressure test casing and plug to 4000 psi.

Next several steps to be done rigless, if necessary.

16. Remove the Wellhead Isolation Tool.

Bolded steps to be detailed by the Completion Engineers Procedure.

- 17. Perforate selective intervals of the Mesa Verde.
- 18. Fracture stimulate as detailed by the completion engineer's procedure.
- 19. Flow back after stimulating to clean up any sand and completion fluid.
- 20. TIH with tubing, collars and bit assembly. Drill out the plug from 7381' and clean out to PBTD as needed. Trip for completion tubing.
- 21. TIH with tubing. Run 1.81" F nipple, and expendable check and mule shoe assembly on bottom.
- 22. Drift tubing slowly with a 1.901"x24" diameter drift bar, replicating a plunger run. This well is to be operated with plunger lift and it is imperative to have good tubing drift.
- 23. Rig up air unit and clean out if necessary.
- 24. Pull tubing up to 7450' +/- and land.

- 25. Pump out expendable check and unload the well.
- 26. Install BPV.
- 27. NDBOPE and NUWH.
- 28. Remove BPV.
- 29. RD MO rig.
- 30. Turn well over to production. Notify operator when well work is completed.
- 31. Notify cathodic protection personnel after job is complete so cathodic protection equipment can be re-activated.

Engineer: Jessie Fontenot

Phone # (832) 486-3483 Cell # (281) 705-4093

Attachments:

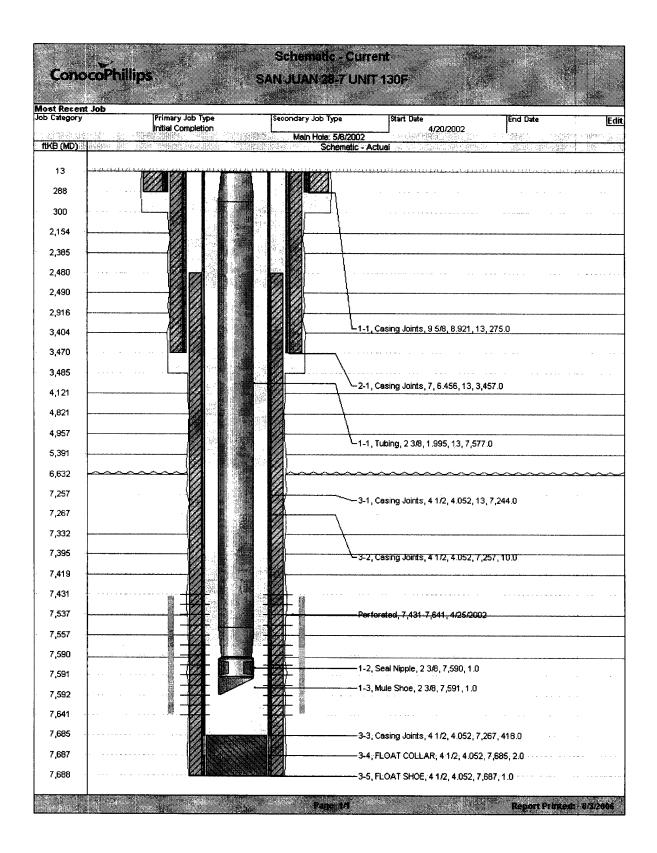
Well Direction/emergency Sheet
Wellview schematic
Wellview All-of-It listing
Tubing drift check procedure for Plgr wells
Phone Contact list
(refer to cost breakout in DSM)

TUBING DRIFT CHECK

Procedure

- 1. Set flow control in tubing. With air, on location, use expendable check. With no air on location, use wireline plug.
- 2. RU drift tool to a minimum 70' line. Drift tool will have an OD of at least the API drift specification of the tubing. (ie 2-3/8", EUE, 4.7# tbg drift = 1/901"), and will be at least 15" long. The tool will not weigh more than 10# and will have an ID bore the length of the tool, so fluids may be pumped through the tool if it becomes stuck.
- 3. Drop the tool into the tubing string and retrieve it after every 2 joints of tubing ran in hole. If any resistance to the tool movement is noticed, going in or out, that joint will be replaced.
- 4. In order to simulate the plunger lift operation, all equipment must be kept clean and free of debris.

The drift tool should be measured with calipers before each job, to ensure the OD is the correct size for the tubing being checked. The maximum allowable wear of the tool is .003"



District I

1625 N. French Dr., Hobbs, NM 88240 Phone:(505) 393-6161 Fax:(505) 393-0720

District II

1301 W. Grand Ave., Artesia, NM 88210 Phone:(505) 748-1283 Fax:(505) 748-9720

District III

1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

Form C-102 Permit 47522

WELL LOCATION AND ACREAGE DEDICATION PLAT

	DE ECCATION IN D MC	TENGE DEDICITIO	1 2 2 2 2 2	
1. API Number	2. Pool Code		3. Pool Name	
	72319	BLANCO-MESAVERDE (PRORATED O		
4. Property Code	5. Proper	5. Property Name		
31739	SAN JUAN	130F		
7. OGRID No.	8. Operat	9. Elevation		
217817	CONOCOPHILL	6565		

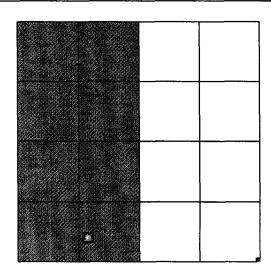
10. Surface Location

UL-L	ot Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
N	2	27N	07W		543	S	1485	W	RIO ARRIBA

11. Bottom Hole Location If Different From Surface

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S L	ine	Feet From	E/W Line	County
1	12. Dedicated Acres 13. Joint or Infill			14. Consolidation Code				15. Order No.		
31	8.96									

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

E-Signed By: Armando Dan Title: Regulatory Tech Date: 3-5-07

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Surveyed By:

Date of Survey:

Certificate Number: