Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
District I	Energy, Minerals and Natural Resources		June 16, 2008		
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 3003907929		
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		
District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505			E-346		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name SAN JUAN 31-6 UNIT		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 10		
2. Name of Operator			9. OGRID Number 217817		
CONOCOPHILLIPS COMPANY			10 P. I Willer		
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499			10. Pool name or Wildcat BLANCO MESAVERDE		
4. Well Location					
	'feet from theFSL		feet from the _		
Section 32 Township 031N Range 006W NMPM RIO ARRIBA County NM					
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 'GR					
12. Check A	Appropriate Box to Indicate	e Nature of Notice	, Report or Other	Data	
NOTICE OF IN	TENTION TO:	l su	SEQUENT RE	PORT OF	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR				ALTERING CASING]
<u> </u>			RILLING OPNS.	P AND A]
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB					
OTHER:		OTHER:	RE-DELIVERY	09/16/09	
13. Describe proposed or comp	leted operations. (Clearly state				ate
	ork). SEE RULE 1103. For Mu				
This well was shut in due to well log	ging off. It was re-delivered on	09/16/09 produced a	n initial MCF of 400) .	
	,				
TP: 110 CP: 310	Initial MCF: 400			ROYD NOV 3 'OG	
			OIL CONS. DIV.		
Meter No.: 71809					
Gas Co.: EFS				DS1.2	
Project Type: REDELIVERY					
	ſ				
	/ Λ				
I hereby certify that the information	above is true and complete to the	e best of my knowled	ge and belief.		
SIGNATURE MALE	TITLE	_Staff Regulatory Tec	ch DATE	11/02/09	
Type or print nameMarie El Jaran For State Use Only	ailto E-mail address: 1	marie.e.jaramillo@Co	onocoPhillips.com P	HONE:505-326-9865	
APPROVED RV: Again and a second	Languery TITLE		D	ATE	
APPROVED BY: Accepted Conditions of Approval (if any):	OI DOUG III				
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