Submit 1 Copy To Appropriate District Office District I - (575) 393-6161 Energy, Minerals and Natural Resource 1625-N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87440 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSAL PORTILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPRICATION DIVISION SANTA FOR PROMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection Well	WELL API NO. 30-025-23730 5. Indicate Type of Lease STATE FEE FEE 6. State Oil & Gas Lease No. NMLC058699 7. Lease Name or Unit Agreement Name
2. Name of Operator ConocoPhillips Company	9. OGRID Number 217817
3. Address of Operator _{P. O. Box 51810} Midland, TX 79710	10. Pool name or Wildcat
Midland, 1X 79/10 4. Well Location Unit Letter L: 1980' feet from the South line and 560' feet from the West line Section 26 Township 17S Range 32E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL TEMPORARILY ABANDON CHANGE PLANS COMMENCE	SUBSEQUENT REPORT OF:
OTHER: LOV for failed MIT/Tbg repair & MIT 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Well on LOV dated 4/8/11, failed annual MIT. NDWH & NUBOP. POOH w/tbg & pkr. RIH & tagged fill @ 4110'. CO well w/reverse circ. 6/14/11 RIH w/126 jts, 2 3/8", 4.7#, J-55 tbg & 4.5"x2 3/8" pkr & set @ 3971'. NDBOP & NUWH. 6/15/11 Run charted MIT witnessed by BLM to 580#/30 mins per Patricia Huchings well past MIT. RDMO. Chart attached.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my known SIGNATURE TITLE Staff Regulatory Te Type or print name Rhonda Rogers E-mail address: rogerrs@c	ochnician DATE <u>07/16/2012</u>
APPROVED BY: Conditions of Approval (if apy):	DATE 730-2012 JUL 2.6 2012

