Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		Revised August 1, 2011 WELL API NO.	
District II - (575) 748-1283			30-025-25488
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1220 South St. Francis Dr.			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		Federal	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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			Warren Unit BT WF
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection Well OBBS OCD			8. Well Number 045
1.7 Name of Operator			9. OGRID Number
1 A LU."			217817 10. Pool name or Wildcat
Midland, TX 79710			Warren; Blinebry Tubb
4. Well Location RECEIVED			Walten, Billedly Tubb
Unit Letter N : 1980 feet from the South line and 660 feet from the West line			
Section 26 Township 20S Range 38E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	<u> </u>		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			
TEMPORARILY ABANDON			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			T JOB
DOWNHOLE COMMINGLE			
OTHER: OTHER: 5 year 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.			
ConocoPhillips Company conducted the 5 year MIT on 3/16/15 to 520#/32 mins - test good.			
Chart Attached			
Spud Date:	Rig Release Da	ate:	
<u> </u>		1	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
) 1	a uso ve is true und complete to une o	est of my ano wear	se una cenex.
SIGNATURE CONTROL TITLE Staff Regulatory Technician DATE 04/17/2015			
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174			
For State Use Only			
APPROVED BY: Bill Somanch TITLE Stuff Manage DATE 6/7/2015			
Conditions of Approval (if any):			
MA: 0 8 2015 hm			
			TOUR A TOTAL

