Solution	ie
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.) 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator CONOCOPHILLIPS CO. 3. Address of Operator P.O. BOX 2197 WL3 6108 HOUSTON, TX 77252 4. Well Location 7. Lease Name or Unit Agreement Name of Unit A	ne
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator CONOCOPHILLIPS CO. 3. Address of Operator P.O. BOX 2197 WL3 6108 HOUSTON, TX 77252 4. Well Location 8. Well Number 217817 9. OGRID Number 217817 10. Pool name or Wildcat BLANCO MESAVERDE / BASIN DA	
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4. Well Location	AKOT
Section 36 Township 29N Range 8W NMPM CountySAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.) Pit or Below-grade Tank Application or Closure Pit type workover Depth to Groundwater 50' Distance from nearest fresh water well > 1000' Distance from nearest surface water 200-1000'	ne
Pit Liner Thickness: 12 mil Below-Grade Tank: Volume bbls; Construction Material	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER:pit construction Table 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed complete or recompletion.	date
ConocoPhillips requests approval to construct a lined (12 mil) drill pit as per our general plan on file with the NMOCD. We also anticipate closing the pit as per our general plan. OCT 2004 FIGURE 1970 OR COME. DIV. DOWN 1970 OR COME. DIV.	
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 be grade tank has been will be constructed or closed according to NMOCD guidelines [], a general permit [2] or an (attached) alternative OCD-approved plan SIGNATURE [2] DATE 10/18/2004	low-
Type or print name DEBORAH MARBERRY For State Use Only APPROVED BY: Conditions of Approval (if any): E-mail address:deborah.marberry@conocophiliplephone No. (832)486- TITLE DEPUTY ON & GAS (MSPECTUR, MSY, 492 DATE)	2326