Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office , District I	Energy, Minerals and Natural Resour	rces Jun 19, 2008
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISIO	ON 30-045-34806 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Francis Dr.	STATE STEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St Francis Dr., Santa Fe, NM 87505		E-3149-11
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO CATION FOR PERMIT" (FORM C-101) FOR SUCH	
1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 1N
2. Name of Operator		9. OGRID Number
ConocoPhillips Company		10. Pool name or Wildcat
3. Address of Operator P.O. Box 4289, Farmington, NM	87499-4289	Blanco MV/Basin DK
4. Well Location		
Unit Letter L : 158	feet from the South line and	feet from theline
Section 36	Township 30N Range 11V	
	11. Elevation (Show whether DR, RKB, RT, C 5838' GR	GR, etc.)
12. Check	Appropriate Box to Indicate Nature of N	Notice, Report or Other Data
NOTICE OF IN	ITENTION TO:	CURCEQUENT REPORT OF
PERFORM REMEDIAL WORK	NTENTION TO: PLUG AND ABANDON ☐ REMEDIA	SUBSEQUENT REPORT OF: ALWORK ALTERING CASING
TEMPORARILY ABANDON	 -	ICE DRILLING OPNS. P AND A
PULL OR ALTER CASING	 -	CEMENT JOB
DOWNHOLE COMMINGLE	WOETH LE COMP L O'NOING/C	OEMEN TOO
-		
OTHER:		CATHODIC SUNDRY tails and give pertinent dates including estimated date.
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompletion.		
ATTACHED IS A DRAWING FOR THE PLACEMENT OF THE CATHODIC GROUND, RECTIFIER AND CABLE FOR THE SUBJECT WELL.		
SOBJECT WEEL.		
Spud Date: 12/08/08	Rig Released Date:	1/7/09
I hereby certify that the information	above is true and complete to the best of my kn	nowledge and belief.
SIGNATURE June	TITLE Staff Res	gulatory Technician DATE 10-18-L1
Type or print name Denise Journ	eyE-mail address: Denise.Journey@cor	nocophillips.com PHONE: 505-326-9556
For State Use Only		
APPROVED BY Or Content	For RODORD TITLE	DATE
Conditions of Approval (if any):	A/	
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