Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 Jun 19, 2008
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and N	Naturai Resources	WELL API NO.
<u>District II</u> 1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATI	ON DIVISION	30-045-29084
District III 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. 1	Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☐
District IV 1220 S St Francis Dr, Santa Fe, NM	Santa Fe, NN	A 87505	6. State Oil & Gas Lease No. B-11125-82
87505	ICES AND DEDODITS ON WE	IIC	
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.)			7. Lease Name or Unit Agreement Name FC State Com
1. Type of Well: Oil Well	Gas Well 🛛 Other		8. Well Number 2R
2. Name of Operator ConocoPhillips Company			9. OGRID Number
3. Address of Operator			217817  10. Pool name or Wildcat
P.O. Box 4289, Farmington, NM	37499-4289		Basin Fruitland Coal
4. Well Location			
Unit Letter A : 790 Section 32	feet from the North Township 31N		feet from the <u>East</u> line  NMPM San Juan County
Section 32	11. Elevation (Show whether		
		' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN		SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS  MULTIPLE COMPL	COMMENCE DR CASING/CEMEN	<del></del>
DOWNHOLE COMMINGLE	MOETH LE COMM E	O/ONVO/OEWIEN	1 005
OTHER:		N Location in	mander from OCD improvation offer DOA
OTTEK.	<u>L</u>	Location is	ready for OCD inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.			
A steel marker at least 4" in dia			
OPEDATOD NAME I FASE NAME WELL NUMBED ADLNUMBED QUADTED/QUADTED LOCATION OD			
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR			
PERMANENTLY STAMPED ON THE MARKERS SURFACE.			
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and			
other production equipment.  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.			
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with			
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.			
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not			
have to be removed.)  Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-			
retrieved flow lines and pipelin		III 19.13.33.10 NWIAC	RCVD FEB 24'12
When all work has been completed, return this form to the appropriate District office to schedule an inspection of the constant of the appropriate District office to schedule an inspection of the appropriate District office to schedule an inspection of the appropriate District office to schedule an inspection of the appropriate District office to schedule an inspection of the appropriate District office to schedule an inspection of the appropriate District office to schedule an inspection of the appropriate District office to schedule and inspection of the appropriate District office to schedule and inspection of the appropriate District office to schedule and inspection of the appropriate District office to schedule and inspection of the appropriate District office to schedule and inspection of the appropriate District office to schedule and inspection of the appropriate District office to schedule and inspection of the appropriate District office and the appropriate District of the appropriate District Office District Office District Office District Office District Office Dis			
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	Λ		DIST. 3
SIGNATURE SAL	Tajoya TITLI	E Staff Regulatory	Technician DATE 22312
Type or print name Crystal Tafoya E-mail address: crystal.tafoya@conocophillips.com PHONE: 505-326-9837			
For State Use Only			
APPROVED BY: John TITLE Compliance Officer DATE 3/09502			
Conditions of Approval (if any):	' () IA/	1	