Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-039-06901	
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease
District III 1000 Pio Prozos Pd. Aztec. NM 87410 1220 South St. Francis Dr.		STATE FEE	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87	7505	6. State Oil & Gas Lease No.
87505	ES 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 PROPOSALS.)		SAN JUAN 28-7 UNIT	
1. Type of Well: Oil Well Gas Well X Other		8. Well Number 65	
2. Name of Operator CONOCOPHILLIPS CO.			9. OGRID Number 217817
3. Address of Operator P.O. BOX 2197 WL3 6108 HOUSTON, TX 77252			10. Pool name or Wildcat BLANCO PC SOUTH
4. Well Location			
Unit Letter H: 1800 feet from the NORTH line and 1190 feet from the EAST line			
Section 28 Township 27N Range 7W NMPM CountyRIO ARRIBA 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
Pit or Below-grade Tank Application or Closure Pit type Workover Depth to Groundwater 50-10 bistance from nearest fresh water well > 1000' Distance from nearest surface water 200-1000'			
Pit Liner Thickness: 12 mil	Below-Grade Tank: Volume		onstruction Material
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 WORK ALTERING CASING			
	CHANGE PLANS	COMMENCE DRI	·
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	ГЈОВ 🗆
OTHER:pit	<u>X</u>	OTHER:	
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.			
ConocoPhillips requests approval to construct a workover pit for the above well. Pit construction will be per OCD guidelines. We			
anticipate closure to also be per OCD	guidelines.		
15570			
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	To the officer
			Parama (Carama) (Cara
			activities Ministration
I haraby cartify that the information of	have is true and complete to the h	act of my knowledg	o and haliaf Teach an antificial at any site and allow
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 below-grade tank has been/will be constructed or closed according to MOCD guidelines X, a general permit or an (attached) alternative OCD-approved plan.			
SIGNATURE COOK CONTROL OF THE REGULATORY ANALYST DATE 06/06/2005			
Type or print name DEBORAH MAR	RBERRY // E-mail ac	ddress: deborah.mart	perry@conocophilities.chome No. (832)486-2326
For State Use Only	//		
APPROVED BY:	//	uty on & gas ins	PECTOR DIST OF HAME - 9 2005