Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

WELL API NO. 30-039-27862

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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
San Juan 29-5 Unit

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

8. Well Number 75M

2. Name of Operator
ConocoPhillips Co.

9. OGRID Number 217817

3. Address of Operator P.O. Box 2197, WL3-6081
Houston, Tx 77252

10. Pool name or Wildcat
Blanco Mesaverde/Basin Dakota

4. Well Location
Unit Letter E : 2170 feet from the North line and 465 feet from the West line
Section 22 Township 29N Range 5W NMPM County Rio Arriba

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
6736

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ **Depth to Groundwater** _____ **Distance from nearest fresh water well** _____ **Distance from nearest surface water** _____

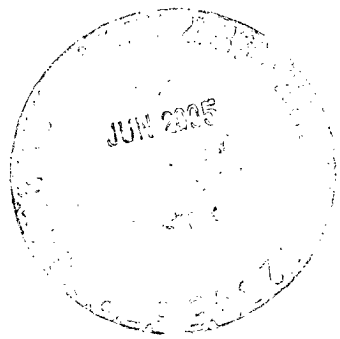
Pit Liner Thickness: _____ **mil** **Below-Grade Tank: Volume** _____ **bbls; Construction Material** _____

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	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
OTHER:	☐			OTHER:Production Start Up			☒

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.

Date of First Sales 6/3/2005
Casing Pressure 1030.4
Tubing Pressure 1030
Meter No. 83827-017
Transporter Williams Field Service



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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.**

SIGNATURE Chris Gustartis TITLE Regulatory Analyst DATE 06/16/2005

Type or print name Christina Gustartis E-mail address: christina.gustartis@conocophillips.com Telephone No. (832)486-2463

For State Use Only

APPROVED BY: _____ TITLE SUPERVISOR DISTRICT # 3 DATE JUN 20 2005

Conditions of Approval (if any):