Submit 3 Copies to Appropriate District Office District I Energy	State of New Mexico , Minerals and Natural Resources	Form C-103
1625 N. French Dr., Hobbs, NM 88240	,	WELL API NO. 30,045-32977
	CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	220 South St. Francis Dr.	STATE 🛛 FEE 🗌
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND R (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL DIFFERENT RESERVOIR. USE "APPLICATION FOR P	OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name SAN JUAN 32-7 UNIT
PROPOSALS.)  1. Type of Well: Oil Well Gas Well X Other		8. Well Number 250A
2. Name of Operator ConocoPhillips Company		9. OGRID Number 217817
3. Address of Operator 5525 Highway 64 Farmington, NM 8740	1	10. Pool name or Wildcat BASIN FRUITLAND COAL
4. Well Location		
Unit Letter F : 1450 feet from the FNL line and 1565 feet from the FWL line		
Section 16 Township 32N Range 7W NMPM CountySAN JUAN  11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
6659		
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	<u> </u>	
OTHER:	☐ OTHER:First Deli	very Report X
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: 07/14/2005		
Casing Pressure: 624 psi	15.	
Tubing Pressure: 0 psi Meter Number: 32733162	Kin Comme	
Transportor: Williams Field Service		
	9.4.31.51	
I hereby certify that the information above is true	and complete to the best of my knowledge	e and belief. I further certify that any nit or below-
grade tank has been/will be constructed or closed according	g to NMOCD guidelines [], a general permit []	or an (attached) alternative OCD-approved plan .
SIGNATURE Juanta Fairell	TITLE Regulatory Analyst	DATE <u>08/01/2005</u>
Type or print name Juanita Farrell For State Use Only		
	E-mail address: juanita.r.farre	ell@conocophillipEedephone No. (505)599-3419
APPROVED BY: Charle New	E-mail address:juanita.r.farre SUPERVISOR DIST	0.000