Office	of New Mexico	Form C-103
<u>District I</u> Energy, Miner 1625'N. French Dr., Hobbs, NM 88240	als and Natural Resources	May 27, 2004 WELL API NO.
District II	RVATION DIVISION	30-039-29350
District III 1220 So	outh St. Francis Dr.	5. Indicate Type of Lease STATE FEE X
<u>District 1 1</u>	Fe, NM 87505	6 State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO I DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (F PROPOSALS.)	DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name San Juan 29-6 Unit
1. Type of Well: Oil Well Gas Well X Other		8. Well Number 54C
2. Name of Operator ConocoPhillips Co.		9. OGRID Number 217817
3. Address of Operator P.O. Box 2197, WL3-6085 Houston, Tx 77252		10. Pool name or Wildcat Blanco Mesaverde
4. Well Location		2.44.40
Unit Letter C: 720 feet from the North line and 2550 feet from the West line		
Section 4 Township	29N Range 6W whether DR, RKB, RT, GR, etc.)	NMPM CountyRio Arriba
Fit or Below-grade Tank Application or Closure		
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank:	Volume bbls; Con	nstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABAND TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL	ON REMEDIAL WORF	LLING OPNS. P AND A
OTHER:	☐ OTHER:Production	n Start Up 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 9/26/2005 Tubing Pressure 187 psig flowing Casing Pressure 256 psig flowing		
Meter No. 83811		1634567
Transporter Williams Field Service		
	KI BE	OCT 2005
* ·		RECEIVED 3
		Off Cons. Div. =
	4	ESTOR BINDS
	* *	
7		
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 Chin Quittutia	TITLE Regulatory Specialist	DATE 10/04/2005
Type or print name Christina Gustartis For State Use Only	E-mail address: christina.gusta	rtis@conocophil liqis:phon e No.(832)486-2463
APPROVED BY: Chalit	TITLE SUPERVISOR DIST	DATE OCT 0 5 2005