Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resource	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II		20 045 25415
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		NM 04202
SUNDRY NOTI	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	ouckson com
1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 1N
2. Name of Operator		9. OGRID Number
ConocoPhillips Company		217817
3. Address of Operator P.O. Box 4289, Farmington, NM 8	27400-4280	10. Pool name or Wildcat Blanco MV / Basin DK
		Bianco WW / Basin DK
4. Well Location		15 Conf. of No. 12
Unit Letter L : 1738		15 feet from the West line
Section 9	Township 28N Range 9W 11. Elevation (Show whether DR, RKB, RT, GA	NMPM San Juan County
	6610' GR	r, etc.)
12. Check A	Appropriate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF IN		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL CHANGE PLANS COMMENC	WORK ☐ ALTERING CASING ☐ ' E DRILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING		EMENT JOB
DOWNHOLE COMMINGLE	MOZINI ZZ GOMI Z	
	·	
OTHER:	☐ OTHER:	
		ils, and give pertinent dates, including estimated date ns: Attach wellbore diagram of proposed completion
or recompletion.	rk). SEE ROLE 1103. For Multiple Completion	is: Attach wellbore diagram of proposed completion
or recompletion.		
ConocoPhillips Company will be us	ng Closed Loop System.	
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		OIL CONS. DIV DIST. 3
		JUL 3 1 2014
		JUL OF E
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I hereby certify that the information	above is true and complete to the best of my kno	wledge and helief
	•	1 1 .
SIGNATURE Wileen W.	ute TITLE Staff Reg	ulatory Technician DATE 7/31/14
Type or print name Arleen Wh	ite E-mail address: arleen.r.wh	ite@conocophillips.com PHONE: 505-326-9517
For State Use Only		- 00
APPROVED BY:	Phelly TITLE COMPLIA	nce Office DATE 7/31/2014
Conditions of Approval (if any):	()	
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