	State of New Mexico		REVISED		
Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources		WELL API NO.			
Office District I	OIL CONSERVATION DIVISION		30-045-08941		
1625 N. French Dr., Hobbs, NM 88240	1220 South St. Francis Dr.		5. Indicate Type of Lease		
District II 1301 W. Grand Ave., Artesia, NM 88210	Santa Fe, NM	1 87505	STATE	E 🔯 FEE [& Gas Lease No.	<u></u>
District III	•		B-10		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV					
1220 S. St. Francis Dr., Santa Fe, NM 87505					
	S AND REPORTS ON WEI	LLS	7. Lease Nam	ne or Unit Agreemen	it 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			Stewart A Com A LS		
PROPOSALS.) 1. Type of Well: Oil Well Gas	s Well 🛛 Other	•	8. Well Numb	per 2	
2. Name of Operator:	wen 🖂 Omer		9. OGRID Nu	ımher	
ConocoPhillips Company). OGRID RE	217817	
3. Address of Operator			10. Pool name or Wildcat		
P.O. Box 4289, Farmington, NM 87	499-4289		Blanco N	AV ·	
4. Well Location	,				
Unit Letter M: 990	feet from theSouth	line and109	<u>90</u> feet fron	n the <u>West</u> l	ine
Section 32	Township 30N	Range 10W		an Juan County	
	1. Elevation <i>(Show whether</i>	DR, RKB, RT, GR, etc 5 	:.)		
12. Check App	ropriate Box to Indicate		Report or Oth	ner Data	<u> </u>
	-		•		
NOTICE OF INTE	_	1		REPORT OF:	_
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			_	-	_
<u>—</u>	HANGE PLANS ULTIPLE COMPL		RILLING OPNS.	-	Ш
PULL OR ALTER CASING ☐ M DOWNHOLE COMMINGLE ☐	ULTIPLE COMPL	CASING/CEMEN	NT JOB L	J	
DOWNITOLE COMMINICOLE			*		
OTHER:		OTHER: 🛛 TI	og Repair Sundry		
13. Describe proposed or completed	d operations. (Clearly state	all pertinent details, a	nd give pertinent	dates_including esti	mated date
of starting any proposed work).					
or recompletion.				RCVD SEP 16 '	14
				OIL CONS. DIV	
				DIST. 3	
10/8/13 – MIRU AWS 731. ND WH, N	J BOPE. PT BOPE, test O	K. TOOH w/ 2 3/8" T	BG. CO to PBTI		
,	,				
10/15/13 – TIH w/ 152 jts., 2 3/8", 4.7#,		new setting depth) w	/ FN @ 4686' . NI	D WH. NU BOPE.	PT tubing
to 500#/30 min. Test OK. RD RR @ 17	:00 hrs on 10/15/13.				
					•
		1 0 1 1 1	11 11 0		
I hereby certify that the information abo	ve is true and complete to th	ie best of my knowled	ge and belief.		
SIGNATURE (Melen Wh	utl	_TITLERegulat	ory Technician	DATE 9/1	5/14.
	a mail addusses aulasses	.white.@conocophillip	ac com	PHONE: 505-32	6 0556
Type or print name Arleen White For State Use Only	e -mail address: arleen.r				0-93 <u>30</u>
1/11	•	BEALL ON & CV2 I	NSPECTOR, DIST	£: /	1
APPROVED BY: 1516 Sol	TITLE	E	- wright,	DATE 10/	7/14
Conditions of Approval (if any):	A	•			