

Submit 1 Copy To Appropriate District Office  
District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

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

WELL API NO. 30-045-32111
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-1202
7. Lease Name or Unit Agreement Name STATE M
8. Well Number 1M
9. OGRID Number 217817
10. Pool name or Wildcat BLANCO MV/BASIN DK

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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator CONOCOPHILLIPS COMPANY
3. Address of Operator P.O. Box 4289; Farmington, NM 87499-4289
4. Well Location Unit Letter: <u>E</u> ; <u>1945'</u> feet from the <u>North</u> lined <u>660'</u> line and <u>West</u> feet from line Section <u>16</u> Township <u>29N</u> Range <u>08W</u> NMPM <u>SAN JUAN</u> County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6485' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

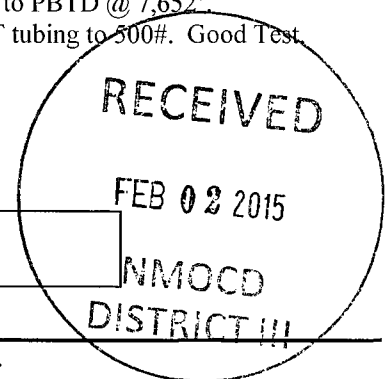
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Tubing Repair Sundry <input checked="" type="checkbox"/>

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/19/15 – MIRU AWS 753. ND WH. NU BOPE. PT BOPE. Test OK. TOO H w/ 2 3/8" tubing. CP to PBTD @ 7,652'.  
1/26/15 – TIH w/ 137 jts., 2 3/8", 4.7#, J-55 tubing, set @ 7,482' (new set depth), w/ FN @ 7480'. PT tubing to 500#. Good Test.  
RD RR @ 09:30 hrs on 1/28/15.

Spud Date:

Rig Release Date:



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Dennis J. Jorgensen TITLE Staff Regulatory Technician DATE: 2/2/15

Type or print name Patsy Clugston E-mail address: Patsy.L.Clugston@conocophillips.com PHONE: 505-326-9518

For State Use Only

APPROVED BY: [Signature] TITLE DEPUTY OIL & GAS INSPECTOR DISTRICT #3 DATE 2/12/15  
Conditions of Approval (if any): AV

alb