Submit 3 Copies To Appropriate District	State of N	Jaw. Massia	_		Form C-103
Office	State of New Mexico Energy, Minerals and Natural Resources				Revised March 25, 1999
<u>District I</u> 1625 N. French Dr., Hobbs, NM 87240	Ellergy, ivilliorals a	na rvatarar	resources	WELL API NO. /	
<u>District II</u> 811 South First, Artesia, NM 87210	OIL CONSERV	ATION D	IVISION	5 T 1: - 5	30-045-31201
District III		ith Pachec	40 11 11	5. Indicate Type o	I
1000 Rio Brazos Rd., Aztec, NM 87410 District IV		NM 8750	' 7 / 1	STATE 6. State Oil & G	
2040 South Pacheco, Santa Fe, NM 87505		150	A 20 =	o. State Off & G	as Lease No.
(DO NOT USE THIS FORM FOR PROPOSITION OF THE PROPOSALS.)  1. Type of Well:	CES AND REPORTS O SALS TO DRILL OR TO DEE ATION FOR PERMIT" (FOR)	PEN OR PLA	IG BACK TO A	7. Lease Name or SAN JUAN 32-7	Unti Agreement Name UNIT
2. Name of Operator CONOCOPHILLIPS CO.				8. Well No. 224	A
3. Address of Operator P.O. BOX 2197 WL3 4061 HOUSTON TX 77252				9. Pool name or Wildcat BASIN FRUITLAND COAL	
4. Well Location				BASIN FROITLA	AND COAL
Unit Letter C · 1245 feet from the NORTH line and 1650 feet from the WEST line					
Section 21	Township 32	<u>N</u> Ra	inge 7W	NMPM	County SAN JUAN
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 6341 GL					
11. Check A	ppropriate Box to In	dicate Na			
NOTICE OF IN PERFORM REMEDIAL WORK		N 🗀	SUB REMEDIAL WOR	SEQUENT REF	PORT OF: ALTERING CASING [
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AT	ND	ABANDONMENT
OTHER:			OTHER:deeper w	ell	X
<ol> <li>Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.</li> <li>This well was inadvertently drilled to a TD of 3277 the original TD on the APD was 3136. Per a conversation with Steve Hayden</li> </ol>					
approval was given for the new TD and use of the rathole/sump.					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Clival	Marken	TITLE_	REGULATORY A	NALYST	DATE <u>07/11/2003</u>
Type or print name DEBORAH MARBERRY  Telephone No. (832)486-2326					
(This space for State use)	CNI	0	EPUTY ON a car .	Ave on a	JUL 1 4 2003
APPROVED BY	- July	TITLE_	- S G DAS	NSPECTOR, DIST. 🙉	DATE