Subanit 3 Copies To Appropriate District District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	March 4, 2004 WELL API NO. 30-045-32895 5. Indicate Type of Lease STATE FEE FEE FEE
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other	UG BACK TO A OR SUCH State Com 1 8. Well Number #5C
2. Name of Operator ConocoPhillips	9. OGRID Number 217817
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 4289, Farmington, NM 87499-4289 4. Well Location	Blanco Mesaverde/ Basin Dakota
Unit Letter B: 660 feet from the North line and 1945 feet from the East line Section 36 Township 31N Range 9W NMPM San Juan County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB
OTHER:	OTHER: Completion Report
 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. 8/17/06 RU Blue Jet Wireline. Ran CBL from 7756' to 2600'. TOC 2940'. Run TDT 7756' to 1600'. GR/CCL to surface. RD. 8/22/06 RU Frac valve. PT valve and csg to 4100 psi/15 minutes. Good test. 	
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	
(This space for State use)	
APPPROVED BY Conditions of approval, if any:	