| Office Office | State of New Mexico | | | Form C-103 |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------|-------------------------|
| District I | Energy, Minerals and Natural Resources | | | May 27, 2004 |
| 1625 N. French Dr., Hobbs, NM 88240 | Zine, g., | | WELL API NO. | |
| District II | OH CONCEDNATI | ON DIVICION | | 9-05781 |
| 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease | |
| District III | 1220 South St. Francis Dr. | | STATE | FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease N | 1 |
| <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505 | 1 | | Jicarilla Tr | 1be (125) |
| | S AND REPORTS ON WELLS | 3 | 7. Lease Name or Unit Agre | ement 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 | | | AXI Apache L | |
| PROPOSALS.) | | | | |
| Type of Well: Car Well Y Other | | | 8. Well Number | |
| Oil Well Gas Well X Other | | | 4 | |
| 2. Name of Operator ConocoPhillips Company | | | 9. OGRID Number | |
| 3. Address of Operator | | | 217817 10. Pool name or Wildcat | |
| 3401 E. 30TH STREET, FARMINGTON, NM 87402 | | | S. Blanco Pictured Cliffs | |
| 4. Well Location | | | | |
| Unit Letter M : 80 | of feet from the Sou | uth line and | 805 feet from the | West line |
| Section 26 | Township 25N | Rng 4W | NMPM Cour | ty Rio Arriba |
| 11. E | levation (Show whether DR, RK | (B, RT, GR, etc.) | | |
| Pit or Below-grade Tank Application X | or Closure | | | |
| | | | | <1000° |
| Pit type P&A Depth to Groundwat | ter >100 Distance from near | rest fresh water well | >1000' Distance from neare | est surface water >1000 |
| Pit Liner Thickness: 12 | mil Below-Grade Tank: | Volume 4400 | bbls; Construction Mater | ial Synthetic |
| PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING | PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL | — | SUBSEQUENT REPORT WORK DE DRILLING OPNS. EMENT JOB | ALTERING CASING P AND A |
| OTHER: P& | 4 | X OTHER: | , | П |
| 13. Describe proposed or completed | operations. (Clearly state all p | ertinent details, and g | ive pertinent dates, including | estimated date |
| of starting any proposed work). | | | | |
| or recompletion. | | | RC | :VD MAR 18 '08 |
| | | | C | IL CONS. DIV. |
| W 1 1' 1 | | | | DIST. 3 |
| Workover, Lined | | | | |
| ConocoPhillips proposes to construct a workover pit will be a lined pit as deta anticipates closing the pit according to | iiled in ConocoPhillips' Genera | l Plan dated June 200 | | |
| On this workover, a vent/flare pit may designed to manage fluids, and that po | | | umstance, a portion of this ver | nt/flare pit will be |
| | and the state of t | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| I hereby certify that the information above | e is true and complete to the bo | st of my knowledge as | ad helief I funthan continue | av nit or holew |
| grade tank has been/will be constructed or closed | | | • | |
| grane than been am be constructed of closed | according to thirder guidennes | | J or an (attached) afternative OCD | approved plan |
| SIGNATURE Tamos | TIT | LE Regu | latory Technician | DATE3/17/2008 |
| Type or print name Tamra S For State Use Only | Sessions E-mail add | | ocophillips.com Telephone No | |
| APPPROVED BY Branch 1 | AL TIT | LE Deputy O | i & Gas Inspector, | MAR 2 7 200 |

Conditions of Approval (if any):