Submit 3 Copies To Appropriate District	State of New M	exico		Form C-103
Office District I	Energy, Minerals and Natural Resources			June 16, 2008
1625 N French Dr., Hobbs, NM 88240			WELL API NO.	
District II 1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-045-34071	
District III	1220 South St. Francis Dr.		5. Indicate Type	
1000 Rio Brazos Rd, Aztec, NM 87410	Santa Fe, NM 87505		STATE	☐ FEE ⊠
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sama i C, ivivi o	37303	6. State Oil & G	as Lease No.
	ICES AND REPORTS ON WELL	S	7. Lease Name o	r Unit Agreement 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			San Juan 32-7 Unit	
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other			8. Well Number 37F	
2. Name of Operator			9. OGRID Numl	per 217817
CONOCOPHILLIPS COMP	ANV		9. OOKID Nulli	JC1 21/01/
3. Address of Operator			10. Pool name o	r Wildcat
P.O. BOX 4289, FARMINGTON NM 87499			Basin DK / Blanco MV	
4. Well Location				
Unit Letter O :	660 feet from the South lin	ne and 1785 fa	et from the East	line
			<del>-</del>	
Section 7	Township 30N	Range 05V		Rio Arriba County
11. Elevation (Show whether DR, RKB, RT, GR, etc. 6495'				
	<u> </u>	.,,,		
12. Check	Appropriate Box to Indicate N	Nature of Notice,	, Report or Other	· Data
NOTICE OF IN	ITENTION TO:	SHE	SEQUENT RE	PORT OF
PERFORM REMEDIAL WORK				
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILL			P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN		
OTHER:	pleted operations. (Clearly state all	OTHER:	FIRST-DELIVERY	
of starting any proposed we or recompletion.	ork). SEE RULE 1103. For Multi	ple Completions: A	ttach wellbore diag	ram of proposed completion
This well was first-delivered on <u>07/1</u>	16/08 and produced natural gas and	d entrained hydrocar	bons of <u>756</u> MCF.	
TP: 614 CP: 416	Initial MCF: 756			
No. N. Olmon			4	ROVD JUL 22 108
Meter No.: 81705			Ë	OIL CONS. DIV.
Gas Co.: WFS				Second Se
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*				
I hereby certify that the information	above is true and complete to the l	heet of my knowledg	ne and halief	
Thereby certify that the information	above is true and complete to the t	best of my knowledg	ge and bener.	
	)			
SIGNATURE Jamas	- TI	TLE Regulatory	Technician	DATE <u>07/16/2008</u>
7				
Type or print name Tamra Sessi			ana a Dhillina anna I	
For State Use Only	ons E-mail address: ta	amra.d.sessions@Co	mocoPhinips.com 1	PHONE: 505-326-9834
	ons E-mail address: ta	amra.d.sessions@Co	onocorninps.com	PHONE: 505-326-9834
ADDROVED BY MAAL T. A		amra.d.sessions@Co		1/1/2
APPROVED BY: McClfted Conditions of Approval (If any):		amra.d.sessions@Co		PHONE: 505-326-9834 ATE 1/24/08