Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and	Natural Resources	June 16, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OIL GOMERNIA E		3003930796
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No. FEE
, , , , , , , , , , , , , , , , , , ,	CES AND REPORTS ON WI	ELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			SAN JUAN 30-5 UNIT
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number 94P
1. Type of Well: Oil Well	Gas Well 🛛 Other		
2. Name of Operator			9. OGRID Number 217817
CONOCOPHILLIPS COMPANY 3. Address of Operator			10. Pool name or Wildcat
P.O. BOX 4289, FARMINGTON NM 87499			BASIN DAKOTA / BLANCO MESAVERDE
4. Well Location			
	feet from the FSL 1	ine and 665' f	eet from the FEL line
Section 27 Towns			RIO ARRIBA County NM
100	11. Elevation (Show whether		
	6570' GR		
			·
12. Check A	Appropriate Box to Indica	te Nature of Notice	, Report or Other Data
NOTICE OF IN	TENTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	NT JOB
OTHER:	П	OTHER:	FIRST-DELIVERY 02/25/10
	leted operations. (Clearly state		riring FIRST-DELIVERY 02/25/10 and give pertinent dates, including estimated date
			ttach wellbore diagram of proposed completion
or recompletion.		•	
This well is a new drill and was first	-delivered on <u>02/25/10</u> and pro-	duced natural gas and e	ntrained hydrocarbons of 819 MCF.
TP: 958 CP: 706	nitial MCF: 819		
			RCVD MAR 1'10
Meter No.: 81371			OIL CONS. DIV.
Gas Co.: WFS			
Cas con Wis			DIST. 3
	,		
		//	Mul 12-4-09
I hereby certify that the information	above is true and complete to t	he best of my knowleds	hud 12-4-09 Se and belief.
- 110100y 00101-y 11100 1110 1110 1110			
120			20/25/20
SIGNATURE / Underson	TITLE_	_Statt Regulatory Tecl	hDATE02/25/10
Type or print name Tamra Session	s E-mail address: tai	mra.d.sessions@Conoco	oPhillips.com PHONE:505-326-9834
For State Use Only			
	1		n.m. 2/1/2
APPROVED BY: <u>Uccepted</u> Conditions of Approval (if any):	TOU ROCOLOTICITLE		DATE 3/4/10
Conditions of Approval (if any):	V K		
	* /		