Submit 3 Copies To Appropriate District State of New Mexico Form C-103 June 16, 2008 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 3003930560 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. **District III** STATE FEE 🖂 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 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 29-5 UNIT** DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 6N 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 9. OGRID Number 217817 **CONOCOPHILLIPS COMPANY** 10. Pool name or Wildcat 3. Address of Operator BASIN DAKOTA / BLANCO MESAVERDE **P.O. BOX 4289, FARMINGTON NM 87499** 4. Well Location Unit Letter C: 225' feet from the FNL line and 1160' feet from the FWL 029N Section Township Range 005W **NMPM** County RIO ARRIBA **NM** 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6722' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK □ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING □ **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A **PULL OR ALTER CASING** MULTIPLE COMPL CASING/CEMENT JOB П П **RE-DELIVERY** 08/02/10区 OTHER: OTHER: 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. This well was shut in more than 90 days due to road issure during winter operations on 08/02/10 produced an initial MCF of 1322. RCVD AUG 11'10 TP: 454 CP: 452 **Initial MCF: 1322** OIL CONS. DIV. Meter No.: 82355 DIST. 3 Gas Co.: WFS PROJECT TYPE: REDELIVERY I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE **SIGNATURE** TITLE Staff Regulatory Tech Type or print name Marie E. Jaramillo E-mail address: marie.e.jaramillo@ConocoPhillips.com PHONE: 505-326-9865 For State Use Only CCO ON A FOX ROCORD TITLE APPROVED BY DATE Conditions of Approval (if any):

