Submit 1 Copy To Appropriate District Office State of New Mexico Office	Form C-103 Revised August 1, 2011
District I – (575) 393-6161 Energy, Minerals and Natural Resout	WELL API NO.
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210 HOBBSIDED SERVATION DIVISION	ON 30-025-40411
District III - (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 OCT 3 0 2017 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	LG36200000
SUNDRY NOR ELG ANY REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name RED HILLS WEST 26 STATE
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 002H
Name of Operator ConocoPhillips Company	9. OGRID Number 217817
3. Address of Operatorp. O. Box 51810 Midland, TX 79710	10. Pool name or Wildcat
HENNINGS; UPPER BONE SPRING SHALE 4. Well Location	
Unit Letter C: 180 feet from the NORTH line and 1960 feet from the WEST line	
Section 16 Township 26S Range 32E	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, 3203' GL	GR, etc.)
3203 GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
TEMPORARILY ABANDON	SUBSEQUENT REPORT OF: AL WORK
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OTHER: CHANGE CIBP DEPTH II 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
CONOCOPHILLIPS COMPANY FILED NOI TO TA THIS WELLBORE AND STATED THE CIBP WOULD BE SET @ 8480'. WE RESPECTFULLY REQUEST TO CHANGE THAT SETTING DEPTH TO 8300'. CURRENT/PROPOSED WELLBORE SCHEMATIC ATTACHED.	
Condition of Approval: notify	
OCD Hobbs office 24 hours	
prior of running MIT Test & Chart	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Phone TITLE Staff Regulatory Technician DATE 10/18/2017	
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174	
APPROVED BY: Conditions of Approval (if any): DATE 10 30 2017	
Conditions of Approval (It ally).	

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