Submit 3 Copies To Appropriate District Office <u>District 1</u>	Energy, Minerals and Natural Resources				Form C-103 May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			WELL API NO.	30-025-36624	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			5. Indicate Type of STATE X	Lease FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505			6. State Oil & Gas I	ease No.		
SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS.)				7. Lease Name or Unit Agreement Name HARDY 36 STATE		
1. Type of Well: Oil Well X Gas Well Other				8. Well Number 28		
2. Name of Operator CONOCOPHILLIPS CO.				9. OGRID Number 217817		
3. Address of Operator P.O. BOX 2197 WL3 6108 HOUSTON, TX 77252				10. Pool name or Wildcat HARDY; STRAWN, NORTH		
4. Well Location						
Unit Letter H : Section 36	feet from the Township 20S		line and511 e37E		he <u>EAST</u> line CountyLEA	
	11. Elevation (Show whe 3494 GL				JounnyLEA	
Pit or Below-grade Tank Application Pit type Depth to Groundy	or Closure vaterDistance from neare	est fresh water	r well Dista	nce from nearest surface	water	
Pit Liner Thickness: mil				struction Material	water	
12. Check	Appropriate Box to Indi	icate Natu	re of Notice, R	Report or Other Da	ata	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK 🗌		□ R	EMEDIAL WORK		TERING CASING	
TEMPORARILY ABANDON		- 1	OMMENCE DRILI		AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	□ C.	ASING/CEMENT	JOB 🗓		
OTHER:injectivity test			THER:			
or recompletion.	ork). SEE RULE 1103. For	r Multiple C	Completions: Atta	ch wellbore diagram	of proposed completion	
ConocoPhillips requests approval to conduct an injectivity test on this well. Approximate start date is 01/26/05, end date is approximately 02/11/05. Proposed injection pressure is 3800 psi, injecting approximately 1200 bbls water per day. The following wells are offset to this well and will be monitored for pressure during the injection period:						
Hardy 36 State # 27 API# 30-025-	34794					
Hardy 36 State # 26 API# 30-025-	34311			1230	50	
Meyer B 31 # 6 API# 30-025-349 Meyer B 31 # 5 API# 30-025-351				2037	* * * * * * * * * * * * * * * * * * *	
				JAN 2		
				A. SAN 2	V5	
				HON!	70 55	
				OCD OCD		
				Es		
				650213038		
It. 1 Colonia C				MANAGER		
I hereby certify that the information above is true and complete to the best of my knowledge and bolief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines, a general permit or an (attached) alternative OCD-approved plan SIGNATURE						
SIGNATURE Kaloule	Marly TI	TLER EGIO	EATORY ANALY	YST D	ATE 01/05/2005	
Type or print name DEBORAH MA For State Use Only	ARBERRY DEL	100			owne No. (832)486-2326	
APPROVED BY HALLING	Die TI	TLE		·J	AN 1 3 2005	
Conditions of Approval (Many):		LE		D/	ATE	