	te of New Mexico		Form C-103 October 13, 2009	
District I Energy, Minerals and Natural Resources District II Energy, Minerals and Natural Resources 1301 W. Grand Ave., Artesia, NM OOD District III III 1000 Rio Brazos Rd., Aztec, NM 87410 2 3 20 District IV III 1220 S. St. Francis Dr., Santa Fe, NM			WELL API NO.	
			30-025-40139 5. Indicate Type of Lease	
			STATE X FEE	
			6. State Oil & Gas Le	ase No.
87505 SUNDRY NOTION REPORTS ON WELLS			7. Lease Name or Un	it 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			Tourmaline State	
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other			8. Well Number 3	
2. Name of Operator ConocoPhillips Company			9. OGRID Number 217817	
3. Address of Operator 3300 N "A" St, Bldg 6 Midland, TX 79705			10. Pool name or Wildcat	
			Maljamar; Yeso-West	
4. Well Location Unit Letter O : 608 feet from the South line and 230 2301 feet from the East line				
Section 16 Township 17S Range 32E NMPM CountyLea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4023'				
4025				
12. Check Appropriate Box to	Indicate N	ature of Notice,	Report or Other Dat	ta
NOTICE OF INTENTION TO: SUB			SEQUENT REPORT OF:	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE				
OTHER: Different bottom hole location	X	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 respectfully request to change the bottom hole location for the Tourmaline State #3				
The new bottom hole location is located at 380' FSL and 2260' FEL.				
*Amended C-102 Has been attached.				
Spud Date: R	lig Release Da	ate:		
		L		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
	-			
SIGNATURE S. hi	LITLE Regula	tory Specialist	DATE	06/20/2011
Type or print name Brian D Maiorino	E-mail address	e brian d maiorino	Conoconhilins P& MN	(F· (432)688-6913
For State Use Only				
APPROVED BY: TITLE			h DATE	JIN 2 4 2011
Conditions of Approval (if any):			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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				R.