Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 HOBBS OCD DISTRICT ON DIVISION OF THE PROPERTY AFFRONGE ON THE PROPERTY AFFRONCE ON THE PROPERTY AFFRON	WELL API NO. 30-025-27034
OH CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 AUG 0 1 2011 220 South St. Francis Dr. District IV – (505) 476-3460 Santa Fe, NM 87505	STATE TEE
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No. B-1535
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	State F-1
1. Type of Well: Oil Well Gas Well Other	8. Well Number 10
2. Name of Operator ConocoPhillips Company	9. OGRID Number 217817
3. Address of Operator P.O. Box 51810 Midland, Tx 79710	10. Pool name or Wildcat Vacuum; Glorieta
4. Well Location	,
Unit Letter V: 330 feet from the South line and 11	a50 feet from the WCST line
Section \ Township \(\gamma \) Range \(3\Le\le \)	NMPM County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3964	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐	
	ILLING OPNS.□ P AND A □
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	IT JOB
DOWNHOLE COMMINGLE	
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, an	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co	mpletions: Attach wellbore diagram of
proposed completion or recompletion.	
ConocoPhillips Company respectfully request approval to extend the current TA status of t	
the OCD. It is our intent to run a mechanical integrity test on this well and will submit via	sundry the formal notice.
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	ge and belief.
SIGNATURE TITLE Regulatory	DATE 7/29/11
Type or print name Donna Williams E-mail address: Concombil:	illiams@ PHONE: 432-688-6943
Type or print name Donna Williams E-mail address: Conocophil' For State Use Only	Lips.com Thords.
APPROVED BY Stingales TITLE STAFF IN	DATE 8-1-2011
Conditions of Approval (if any):	AUG 0.1 201
' //	AUG U. I adv