

Submit 1 Copy To Appropriate District Office  
 District I – (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II – (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III – (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV – (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

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|---|
| WELL API NO.<br><b>Multiple Wells – See Description</b>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><b>B0-2148-0003</b>   |
| 7. Lease Name or Unit Agreement Name<br><b>LEAMEX</b>   |
| 8. Well Number<br><b>Multiple Wells – See Description</b>   |
| 9. OGRID Number<br><b>217817</b>  |
| 10. Pool name or Wildcat<br><b>MALJAMAR;GRAYBURG-SAN ANDRES</b>                                     |
| 11. Elevation ( <i>Show whether DR, RKB, RT, GR, etc.</i> )   |

**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.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
**ConocoPhillips Company**

3. Address of Operator  
**PO Box 2197 Houston, TX 77252**

4. Well Location  
**Multiple Locations – See Description**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

|   |  |
|---|--|
| <p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: Notice of Turn-On – Multiple Wells <input checked="" type="checkbox"/></p> | <p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p> |
|---|--|

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 respectfully submits this notification of plans to begin turning on the subject wells, which were shut-in on 6/1/20.

Turn on expected to begin 7/1/2020.

|           |              |                             |
|-----------|--------------|-----------------------------|
| LEAMEX 16 | 30-025-23272 | T17S-R33E: Section 16: UL J |
| LEAMEX 17 | 30-025-24541 | T17S-R33E: Section 16: UL P |
| LEAMEX 18 | 30-025-24542 | T17S-R33E: Section 15: UL L |
| LEAMEX 22 | 30-025-26422 | T17S-R33E: Section 23: UL H |
| LEAMEX 23 | 30-025-26423 | T17S-R33E: Section 24: UL F |

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 Coby Lee Lazarine TITLE Regulatory Coordinator DATE 6/29/2020

Type or print name Coby Lee Lazarine E-mail address: coby.l.lazarine@conocophillips.com PHONE: 281-206-5324

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):