

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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| 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.) | | WELL API NO. Multiple Wells - See Description |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator ConocoPhillips Company | | 6. State Oil & Gas Lease No. B-1535 |
| 3. Address of Operator P.O. Box 2197, Houston, TX 77252 | | 7. Lease Name or Unit Agreement Name State F 1 |
| 4. Well Location Multiple Locations - See Description Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM _____ County _____ Lea _____ | | 8. Well Number Multiple Wells - See Description |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | 9. OGRID Number 217817 |
| 10. Pool name or Wildcat Hardy; Blinebry, Tubb-Drinkard | | |

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

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

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 6/1/2020.

Turn on expected to begin 7/1/2020.

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| State F 1 #019 | 30-025-38431 | F-1-21S-36E |
| State F 1 #020 | 30-025-38909 | G-1-21S-36E |
| State F 1 #022 | 30-025-38910 | D-1-21S-36E |
| State F 1 #023 | 30-025-38912 | A-1-21S-36E |
| State F 1 #024 | 30-025-38913 | J-1-21S-36E |

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 Carol Appleby TITLE Sr. Regulatory Coordinator DATE 07/01/2020

Type or print name Carol Appleby E-mail address: carol.j.appleby@conocophillips.com PHONE: 832-486-6187

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):