Submit I Copy To Appropriate District Office District 1 – (575) 393-6161	State of New Mexico State of New Mexico State of New Mexico W OLLOCONSER VATION DIVISION	Form C-103 Revised August 1, 2011 WELL API NO.			
District IV – (505) 334-6178 1000 Rio Brazos Rd , Aztec, NM 8741 JUN 11 District IV – (505) 476-3400 1220 S. St. Francis Dr., Santa Fe, NM	2014 220 South St. Francis Dr. Santa Fe, NM 87505	30-025-30995 Indicate Type of Lease STATE FEE State Oil & Gas Lease No. MLC031695B			
SUNDRY NOTICES AT (DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.) 1. Type of Well: Oil Well Gas W	Lease Name or Unit Agreement Name ARREN UNIT BROOK Well Number 96				
2. Name of Operator ConocoPhillips Com	9,	OGRID Number			
3. Address of Operator 3300 N "A" Street Midland, TX 7970	10	217817 / Pool name or Wildeat ARREN; BLINEBRY-TUBB, DRINKARD			
4. Well Location	last i				
Unit Letter 1 : 2130 Section 28	feet from the SOUTH line and 813 Township 20S Range 38E Ni levation (Show whether DR, RKB, RT, GR, etc.)	feet from the EASTline MPMCounty LEA			
12. Check Approp	riate Box to Indicate Nature of Notice, Rep	port or Other Data			
TEMPORARILY ABANDON CHAN	ION TO: SAND ABANDON REMEDIAL WORK NGE PLANS COMMENCE DRILLIN TIPLE COMPL CASING/CEMENT JO				
OTHER, NEW PROPERTY CODE	☑ OTHER:				
13. Describe proposed or completed op	erations. (Clearly state all pertinent details, and giv ERULE 19.15.7.14 NMAC. For Multiple Comple				
	OPER. OGRID NO	17817			
Spud Date:	Rig Release Date:				
I hereby certify that the information above is	true and complete to the best of my knowledge and	I belief.			
signature <u>(&\f\&\;\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	TITLE Staff Regulatory Technician	DATE 06/05/2012			
Type or print name Ashley Martin For State Use Only	E-mail address: Ashley.Martin@cono	cophillips.cdhilONE: (432)688-6938			
APPROVED BY: Conditions of Approval (Fany):	TITLE	DATE			

<u>District I</u> 1625 N, French Dr., Hobbs, NM 88240 Phone (575) 393-6161 Fax (575) 393-0720 District II 811 S. Lust St., Arteso, NM 88210 Phone (575) 748-1283 Fax: (575) 748-9720

District.01 1000 Rio Bridges Road, Artee, NM 87410

Phone (505) 334-6478 Fox. (505) 334-6470 District IV

State of New Mexico

Energy, Minerals & Natural Resources Department HOBBS OF CONSERVATION DIVISION

JUN 1 1 2012 220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

☐ AMENDED REPORT

*API Number 30-025- 종() 국무 등		6296	2 Pool Code 62965		WARREN; BLINEBRY-TUBB-DRINKARD AIGH				
Property 031493		WARRE			5 Property				Well Number
'ogrid 217817	No.	Conocol	hillips Co		⁸ Operator	Name		35	? Elevation
					¹⁰ Surface	Location			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West lin	e County
hand, 1 4	30	JO5	48 E		a130	SCUTH	613 <u> </u>	EAST	LEA
	•		ч Во	ttom Hol	e Location L	Different Fron	Surface		
UL or let no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres	5 13 Joint of	r Infill 14 C	ansolidation (ode 15 Or	der No.	<u> </u>			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

(
16			"OPERATOR CERTIFICATION
	1		Thereby certify that the information contained herein is true and complete
		:	to the best of my knowledge and belief, and that this organization either
			owns a working interest or indeexed mineral interest in the livid including
	,		the proposed bottom bole locution or has a right to drill this well at this
			location pursuant to a contract with an owner of such a nunctal or working
			interest, or to a voluntary pooling agreement or a compid way pooling
			order heretofore entered by the division
	 		C
			Willia 16/07/2012
			Signature () Date
			Ashley Martin
			Printed Name
			4.11 34 2 0 120
			Ashley.Martin@conocophillips.com
			. 1mail Actions
			CIDATAON OFFICIATION
		1	SURVEYOR CERTIFICATION
		8/3/	I hereby cerufy that the well location shown on this
			plat was plotted from field notes of actual surveys
			made by me or under my supervision, and that the
	/		same is true and correct to the best of my belief.
		,	, , ,
		//	
			Date of Survey
		//	Signature and Seal of Professional Surveyor:
		i di	
		1	
		1 17	
			Certificate Number
L		1 1	

Amended