| | State of New Me Ainerals and Natu | | Form C-103 Revised August 1, 2011 | | | |
|---|--------------------------------------|------------------------------------|--|-----------------------------------|--|--|
| 1625 N. French Dr., Hobbs, NM \$8240 | | WELL API NO. | 30-025-32490 | | | |
| 811 S. First St., Artesia, NM 8821 | ncis Dr. | 5. Indicate Type of STATE | | Fed | | |
| District IV - (505) 476-3460 1220 S St Francis Dr., Santa Fe | Santa Fe, NM 8 | | 6. State Oil & Ga | s Lease No. | | |
| 87505 | ABTO ANTARIT | | NMLC031695B | Huit Aggganant | Mama | |
| SUNDRY NOTICES AND REPO (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OF DIFFERENT RESERVOIR. USL "APPLICATION FOR PERM PROPOSALS." | R TO DEEPEN OR PL | UG BACK TO A | 7. Lease Name of WARREN UNIT I WF | Unit Agreement i BLINEBRY TUBL | Name 3 | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well G | 8. Well Number | 113 | | | | |
| 2. Name of Operator ConocoPhillips Company | | 9. OGRID Numb | er 217817 | | | |
| 3. Address of Operator _{3300 N} "A" Street Midland, TX 79705 | | | 10. Pool name or | | NKARD & | |
| 4. Well Location | | J | William, DDIVI | - TODE BILL | 7447445 | |
| | rom the <u>SOUTH</u> | line and <u>1980</u> | | n the EAST | line | |
| | | inge 38E RKB, RT, GR, etc.) | NMPM | County LEA | | |
| 3524' GR | | | The state of the s | | STATE OF THE STATE | |
| 12. Check Appropriate Bo | ox to Indicate N | ature of Notice, R | teport or Other | Data | | |
| NOTICE OF INTENTION TO | | | EQUENT REI | | | |
| PERFORM REMEDIAL WORK PLUG AND AE | | REMEDIAL WORK | | ALTERING CASI | √G 🔲 | |
| TEMPORARILY ABANDON CHANGE PLA PULL OR ALTER CASING MULTIPLE CC | | COMMENCE DRIL | | P AND A | | |
| DOWNHOLE COMMINGLE | טואוג'ל 🗀 | CASING/CEMENT | 10p [] | | | |
| OTHER: CONSOLIDATION OF POOLS | $(\overline{\mathbf{x}})$ | OTHER: | | | | |
| 13. Describe proposed or completed operations, of starting any proposed work). SEE RULE proposed completion or recompletion. | | | | | | |
| POOLS BLINEBRY-TÜBB (62965) & DRINKA TÜBB-DRINKARD OIL & GAS (62965) PER OF | RD (63080) HAVI RDER R-13480, EF | E CONSOLIDATED FECTIVE DEC 1, 2 | TO POOL WARR | EN; BLINEBRY- | | |
| | · | • | | | | |
| ATTACHED IS THE C-102. | OPSA. OO | ARID NO. 21 | 817 | | | |
| | PAOPERT | TY NO. 314 | 93_ | | | |
| | POOL CO | DE 6296 | 5 | | | |
| | EFF. DAT | E 12/01/ | 2011 | | | |
| | APINO. | 30-025- | 32490 | | | |
| | | | | | | |
| Spud Date: | Rig Release Da | te: | | | | |
| | | L | | | | |
| I hereby certify that the information above is true and | complete to the be | st of my knowledge a | ınd belief. | | 492-11-11-11-11-11-11-11-11-11-11-11-11-11 | |
| SIGNATURE (IVALUATE VICTOR) | TITLE Staff Re | egulatory Technician | DA` | TE 06/08/2012 | | |
| Type or print name <u>Ashley Martin</u> | | : Ashley.Martin@co | | ONE: <u>(432)688-6</u> 9 | 938 | |
| For State Use Only APPROVED BY: | TITLE P | ETROEBUM BWI | MEER | JUN 1 8 20 | 12 | |
| Conditions of Approval (Tany): | . 111117 | | DA1 | E | | |
| PA Warren | Drink | rard | • | JUN 1 9 2012 | dn | |

<u>District.</u>1 1625 N. French Dr., Hobbs, NM 88240 Phone (575) 393-6161 Fax. (575) 393-0720 District II 2018 (A) 811 S. Fast St., Artesia, NM 88210 Phone: (575) 748-1783 Fax (575),748-9770

District III 1000 Rio Biazos Ro St. Azicc, NM 87410 Phone: (505) 334-6178 Fax. (505) 334-6170 District IV

1220 S. St. Lenners Dr., Santo Fe, NM 8750

State of New Mexico HOBBSOCD

Energy, Minerals & Natural Resources Department JUN 1. 1. 2012 CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

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

☐ AMENDED REPORT

| Phon. (505) 476-316 | 50 Fax (505) 476 | | | | | | | <i>(</i> 1) | | |
|---------------------|--------------------------|---------------|--|------------|---|------------------|---------------|----------------|-------------|--|
| | | | <u> VELL LC</u> | | | EAGE DEDIC | | | | |
| 30-025- 30.44(C | | 6962 | ² Pool Code 69625 W | | WARREN; BLINEBRY-TUBB-DRINKARD Gold Gas | | | | | |
| Property 3144 | Code 3 | WARRE | S Property Name RREN UNIT BLINEBRY TUBB WF | | | | | | Well Number | |
| 'ogrid 217817 | No. | Conocol | Operator Name * Elevation coPhillips Company | | | | | * Elevation | | |
| | | | | | ^o Surface I | Location | | | | |
| UL or lot no. | Section | Township | Range | Lot Ida | Feet from the | North/South line | Feet from the | Fast/West line | County | |
| (_) | 2.8 | 205 | 385 | | totato | BOUTH | 1980 | <u> 1893</u> | LEA | |
| | | | " Bo | ttom Hol | le Location II | Different Fron | ı Surface | | | |
| UL or lot no | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County | |
| Dedicated Acre | es ¹³ Joint o | r Infill 14 C | Consolidation | Code 15 Or | der No. | • | | | | |

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

| (| | | | <u> </u> |
|----------|----|--|------------------------------|--|
| | | | ļ ' | "OPERATOR CERTIFICATION |
| | | | | Thereby earthy that the information contained herein is true and complete |
| | | | | to the best of my higodedise and belief, and that this organization either |
| | | | | owns a working interest or wilcosed innertal interest in the land including |
| | | | | the proposed bottom lisk location or has a right to drill this well at this |
| | | | | location pursuant to a contract with an uniter of such a material or working |
| | | | | interest, or to a voluntary pooling agreement or a compulsary pooling |
| | | | | order heretofore entered by the division. |
| | | * . | | C. Han Stradt 1 |
| | | * * * * | | CLANGUAN OFFICE Due |
| | | | | |
| | | | | Ashley Martin |
| | | | ۰ | Printed Name |
| | | | | Ashley.Martin@conocophillips.com |
| | | | | E-mail Address |
| | | | | • |
| | | Annual Consum the Straight Medium Straight Annual Consum | | *SURVEYOR CERTIFICATION |
| | ļ | | | I hereby certify 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. |
| | | , | | |
| | | | | Due officer |
| | | | | Date of Survey |
| | | | | Signature and Seal of Professional Surveyor |
| | | | | |
| | , | / 1490 | , ' | |
| | -) | B. Sterring Sterring Commission | MIPPENING TAMESING OF STREET | |
| | , | ;. | | |
| | | "u 2 " 2 | | |
| | | | | Certificate Number |
| <u> </u> | | | | L |

Amended