Submit 1 Copy To Appropriate Distr Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 882 <u>District III</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87- <u>District IV</u> – (505) 476-3460	Energy, I 40 HOBBS OCD	WELL API NO 5. Indicate Tyl STATE	30-025-39726 pe of Lease		
1220 S. St. Francis Dr., Santa Fe, NA	M ! NOTI BESEND REP ROPOSALS TO DRILL O	PORTS ON WELLS OR TO DEEPEN OR PL	S UG BACK TO A	Warren Unit	or Unit Agreement Name
1. Type of Well: Oil Well [Gas Well Phillips Company	8. Well Numb 9. OGRID Nu	343		
Address of Operator ₃₃₀₀ Midla Well Location	N "A" St nd, TX 79705		10. Pool name Warren; Blineb	or Wildcat ry-Tubb-Drinkard PaG	
Unit Letter K Section 27	Tow 11. Elevation 3540' GR	(Show whether DR	line and 1330 ange 38E , RKB, RT, GR, etc.)	NMPM	from the West line County Lea
	eck Appropriate B F INTENTION T K PLUG AND A CHANGE PL MULTIPLE CO	O: BANDON ANS OMPL		SEQUENT R	REPORT OF: ALTERING CASING
of starting any propos proposed completion of	completed operations ed work). SEE RULI or recompletion.	E 19.15.7.14 NMAC	C. For Multiple Cor	npletions: Attac	lates, including estimated date h wellbore diagram of
Pools Warren; Blinebry-Tub & Gas (62965) per order R-	13480, effective dec 1	1, 2011.		pool Warren; B	linebry-Tubb-Drinkard Oil
Attached is the C-102.	P P E	PER OGRID NO POPERTY NO. POOL CODE FF. DATE API NO	31493 62965 61/201 625-397	 1 26	
Spud Date.		Rig Release Da	ate:		
I hereby certify that the information	ation above is true an	d complete to the bo	est of my knowledge	and belief.	
SIGNAYURE LOS	& Don	TITLE Staff R	egulatory Technicia	n	DATE <u>06/08/2</u> 012
Type or print name Rhonda Ro For State Use Only	gers	E-mail address	E rogerrs@conocol	hillips.com	PHONE: <u>(432)688-9174</u> FUN 7 8 29 ¹ 7.
APPROVED BY:Conditions of Approval (if any	PA War	ren Dr			DATE

JUN 192012 dm

District I 1625 N. Crench Dr., Hobbs, NM 88240 Phone (575) 393 6161 Fax (575) 393-0720 District H 811 S. Fusi St., Artesia, NM 88210 Phone (575) 748-1283 Fax. (575) 748-9720 District III 1000 Rio Brazos Road Artee, NM 87410

State of New Mexico

OIL CONSERVATION DIVISION

.IIIN 1 1 2012²⁰ South St. Francis Dr.

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

Phone (505) 334-617. <u>District IV</u> 1220 S. St. Francis De		ı	Santa Fe, NM 87505				∐ AM	IENDED REPC	
Phone (505) 476-346		6-3465	ELL	CENTRO	N AND ACE	EAGE DEDIC	ATION PLA	T	
30-025- 3°	API Numbe		6290	2 Pool Cod		ARREN; BLINEB	' Pool Na RY-TUBB-DR	<i>(</i>)	10605
4 Property						. <u> </u>			Well Number
031493 70GRID	No	WARRE	NUNII	Bline	Pry /W	Name			Elevation
217817		ConocoPhillips Company 3540							
□ Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	Coun
K	aT	205	385		2540	SOUTH	1330	WEST	LEA
			" Bo	ttom Ho	le Location II	Different Fron	Surface		
UL or lat no.	Section	Township	Range	Lot Ido	Feet from the	North/South Ilne	Peet from the	Enst/West line	Coun
12 Dedicated Acres	13 Joint of	r Infill 14 C] onsolidation	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

16		"OPERATOR CERTIFICATION
	1	Thereby certify that the infarmation contained herein is true and complete
		to the best of my knowledge and helief, and that this organization either
		owns a working interest or unleased mineral interest in the land including
		the proposed bottom hole location or has a right to drill this well at this
		location pursuant to a contract with an owner of such a mueral or working
		interest, or to a voluntary pooling agreement or a compulsory pooling
		order heretofore entered by the division.
		Gignature Martin 06/07/2012 Signature Date
		Ashley Martin Printed Nan.e
		Ashley.Martin@conocophillips.com Famul Address
		. ,
1330'		"SURVEYOR CERTIFICATION 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.
		Date of Survey
		*
		Signature and Seat of Professional Surveyor
() ()		
		Certificate Number

Amended