Submit I Copy To Appropriate District Office District I – (575) 393-6161 State of New Mexico Energy, Minerals and Natural Resources State of New Mexico Energy, Minerals and Natural Resources CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 CONSERVATION 87505		Form C-103 Revised August 1, 2011 WELL API NO. 30-025-40410 5. Indicate Type of Lease STATE SFEE 6. State Oil & Gas Lease No. State Lease 3620	
SUNDRY NOTICES (DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR USE "APPLICAT PROPOSALS.)	S AND REPORTS ON WELLS SECONDL OR TO DEEPEN OR PLUG BACK TO A ON FOR PERMIT" (FORM C-101) FOR SUCH S Well D Other	 7. Lease Name or Unit Agreement Name Red Hills West 16 State 8. Well Number 1H 9. OGRID Number 217817 10. Pool name or Wildcat 10. Conference of Wildcat 	
4. Well Location Unit Letter D : 18 Section 16	30 feet from the North line and 64 Township 26S Range 32E 1. Elevation (Show whether DR, RKB, RT, GR, etc.) 200 ropriate Box to Indicate Nature of Notice,	NMPM County Lea	

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK D PLUG AND ABANDON		REMEDIAL WORK 🛛 ALTERING CASING	;			
TEMPORARILY ABANDON 🔲 CHANGE PLANS		COMMENCE DRILLING OPNS. P AND A				
PULL OR ALTER CASING 🛛 MULTIPLE COMPL		CASING/CEMENT JOB				
DOWNHOLE COMMINGLE						
OTHER: Modify Drill Plan	X	OTHER:				
12 Describe proposed an exampleted exercising (Clearly state all partiant details and give partiant detag including estimated data						

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 request to amend the drill plan approved July 19, 2012 as follows: It is our intent to run 9 5/8" 36# J55 casing (Intermediate 1) instead of 9 5/8" 40# casing.

Spud Date:	Rig Release Date:		
I hereby certify that the information above is true and o	complete to the best of my knowledge and belief.		
SIGNATURE	TITLE Sr. Regulatory Advisor	DATE	7/30/2012
Type or print name Donna Williams	Donna.J.Williams@ _ E-mail address: <u>Conocophillips.com</u>	_ PHONE:	<u>432-688-694</u> 3
APPROVED BY:	_TITLE	DATE	AUG 0 2 2012
Conditions of Approval (if any):		AUG 0.2	2012

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