Submit One Copy To Appropriate District Office	Copy To Appropriate District State of New Mexico		xico		Form C-103
District 1	Energy, Minerals	and Natur	ral Resources	WELL API NO.	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II	ANT CONCEDA	ZATION	DIVISION	WELL ATTNO.	30-025-27985
1625 N. French Dr., Hobbs, NM 88240  District II 811 S. First St., Grand Ave., Artesia, NM 88210  District III  District III  1220 South St. Francis Dr.				5. Indicate Type	
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM  SUNDRY NOTICES AND REPORTS ON WELLS				STATE [ 6. State Oil & Ga	X FEE
District IV	1 6 50.	,		or state on a ca	
87505 Santa Fe, NM 87505	· · · · · · · · · · · · · · · · · · ·				
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSAL	SOUNTEPORTS OF	N WELLS	IG BACK TO A	7. Lease Name or LEA	r Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				28.1	
PROPOSALS.)  1. Type of Well:  Gas Well  Other OIL				8. Well Number	027
2 Name of Operator				9. OGRID Numb	per 217817
CONOCOPHILLIPS COMPANY				10. Pool name or	
3. Address of Operator 3300 N A ST, BLDG 6 MIDLAND,TX ZIP 79705				VACUUM GB/S/	
4. Well Location					<u>-</u>
Unit Letter L: 1980 feet from the South line and 660 feet from the West line					
Section 19 Township 17S Range 34E NMPM County LEA					
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4113 (GL)					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
i e	LUG AND ABANDON		REMEDIAL WORK		ALTERING CASING
	HANGE PLANS		COMMENCE DRII		P AND A
PULL OR ALTER CASING	IULTIPLE COMPL		CASING/CEMENT	JOB 📙	
OTHER:				ady for OCD inspe	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.					
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the					
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR					
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR					
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.					
X The location has been leveled as no	early as possible to ori	ginal grou	nd contour and has l	peen cleared of all j	unk, trash, flow lines and
other production equipment.	The first and	CC -4 1 4 4	C 11		
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with					
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed					
from lease and well location.  X All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have					
to be removed.)	iave been removed. 1	Ortable ba.	ses have been remo	ved. (1 oured onsite	concrete bases do not have
All other environmental concerns have been addressed as per OCD rules.  Dipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-					
Pipelines and flow lines have been retrieved flow lines and pipelines.	abandoned in accorda	ince with I	9.15.35.10 NMAC.	All fluids have bee	en removed from non-
	4.0				
When all work has been completed, retu	irn this form to the ap	propriate L	District office to sche	edule an inspection.	
SIGNATURE	my f	TITLE RE	GULATORY SPEC	TALIST	DATE 10/11/2012
777					
TYPE OR PRINT NAME GUSTAVO For State Use Only	FEJERVARY	E-MAIL:	g.fejervary@conoc	ophillips.com P	PHONE: <u>(432)688-9012</u>
$M \cap M $	01.70				10/2/201
APPROVED BY: / (a) (if any):		TITLE <u>U</u>	unquance	year	DATE 10/31/2019
Conditions of Approval (11 pity).			•	40	OCT 3 1 2012
					OCI 2 1 5000 /