

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

Form 3 160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

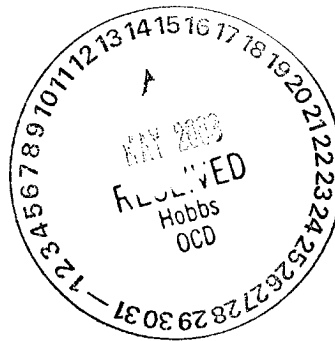
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation
2. Name of Operator CONOCOPHILLIPS CO.	8. Well Name and No. Warren Unit B/T #300
3. Address and Telephone No. 4001 PENBROOK, ODESSA, TX 79762 (915) 368-1371	9. API Well No. 30-025-35732
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) 10' FSL & 1300' FWL, SEC. 27, T-20S, R38E, M	10. Field and Pool, or Exploratory Area Warren Unit B/T Oil & Gas
	11. County or Parish, State Lea, New Mexico

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

ConocoPhillips Company request cancellation of the Drilling Permit for this well.



14. I hereby certify that the foregoing is true and correct	Kristy S. Ward	
Signed <i>Kristy S. Ward</i>	Title Regulatory Assistant	Date 3/27/03
(This space for Federal or State office use)		
Approved by <i>(Orig. Sgd.) JOE G. LARA</i>	Title <i>Petroleum Engineer</i>	Date 5/9/03
Conditions of approval if any:		

BLM(6), NMOC(4), SHEAR, PROD ACCTG, COST ASST, FIELD, FILE ROOM

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side