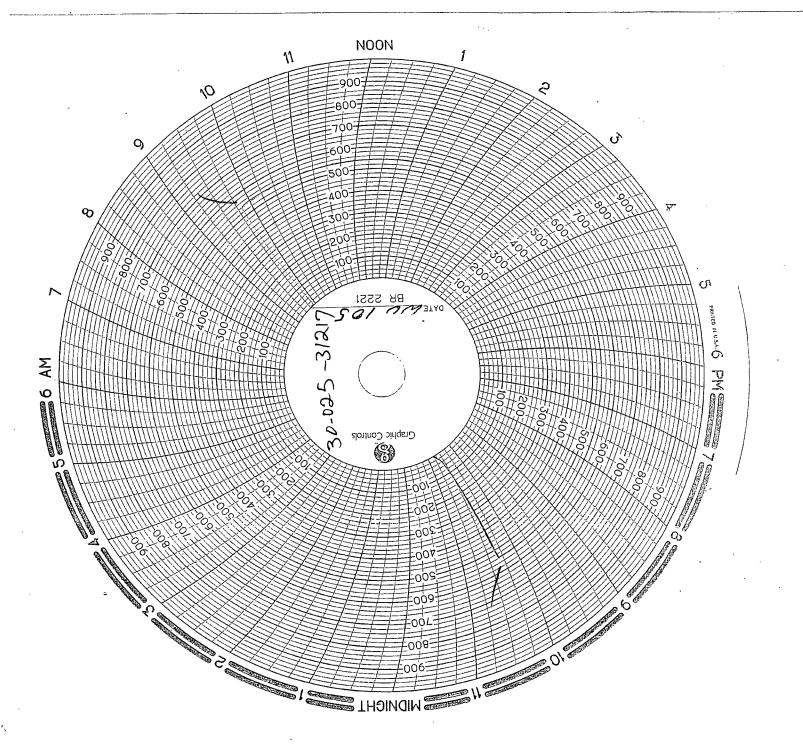
Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
District 1 - (575) 393-6161	Hithergy, Minerals and Natural Resource	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 2District II – (575) 748-1283		30-025-31217
811 S. First St., Artesia, NM 88210 APR 02	QUL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
District III – (505) 334-6178 APK 1000 Rio Brazos Rd., Aztec, NM 87410		STATE LITTLE LITTLE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM RECEIV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
07505		Federal
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name Warren Unit Blinebry Tubb WF
1. Type of Well: Oil Well Gas Well X Other Injection		8. Well Number 105
2. Name of Operator ConocoPhillips Company		9. OGRID Number
3 Address of Operator		217817 10. Pool name or Wildcat
3. Address of Operator P. O. Box 51810 Midland, TX 79710		
4. Well Location		Warren; Blinebry-Tubb O&G
Unit Letter H : 1930	feet from the North line and	710 feet from the East line
Section 27	Township 20S Range 38E	NMPM County Lea
	Elevation (Show whether DR, RKB, RT, GR	
12. Check Appro	priate Box to Indicate Nature of Not	ice, Report or Other Data
NOTICE OF INTEN	TION TO:	SUBSEQUENT REPORT OF:
	IG AND ABANDON ☐ REMEDIAL V	
		EDRILLING OPNS. P AND A
PULL OR ALTER CASING MU	LTIPLE COMPL 🔲 CASING/CEI	MENT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER: MIT	r 57
	OTHER: MIT	s, and give pertinent dates, including estimated date
	SEE RULE 19.15.7.14 NMAC. For Multiple	e Completions: Attach wellbore diagram of
ConocoPhillips performed the 5 year MIT on 2/18/14 to 540#/60 mins - test good.		
Chart attached 30		
Spud Date:	Rig Release Date:	
h	· · · · · · · · · · · · · · · · · · ·	***************************************
Thereby certify that the information above	is true and complete to the best of my know	yledge and helief
Thereby certify that the information above	is true and complete to the best of my know	reage and better.
$(\neg)(\land)$		
SIGNATURE Charles	PLA TITLE Staff Regulatory Tech	DATE 03/31/2014
Type or print name Rhonda Rogers	E-mail address: rogerrs@coi	acconhilling com PHONE: (422)(99,0174
For State Use Only	E-man address: rogerrs(@col	nocophillips.com PHONE: (432)688-9174
Rigo V	, 0,	
APPROVED BY: / Selfxona	mak TITLE Shuff NA	DATE 4-3-14
Conditions of Approval (if any):		
epted for Record Only		
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