

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 321 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
**HOBBS OCD**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**APR 02 2014**

Form C-103  
 Revised August 1, 2011

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.) <b>RECEIVED</b>		WELL API NO. 30-025-25851 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. Federal
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Injection	7. Lease Name or Unit Agreement Name Warren Unit Blinebry Tubb WF	
2. Name of Operator ConocoPhillips Company	8. Well Number 48 9. OGRID Number 217817	
3. Address of Operator P. O. Box 51810 Midland, TX 79710	10. Pool name or Wildcat Warren	
4. Well Location Unit Letter F : 2030 feet from the North line and 1980 feet from the West line Section 26 Township 20S Range 38E NMPM County Lea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: MIT <input checked="" type="checkbox"/>	

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 performed the 5 year MIT 2/19/14 to 520#/60 mins - test good.  
 Chart attached.

Spud Date:  Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Rhonda Rogers* TITLE Staff Regulatory Technician DATE 03/31/2014  
 Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

**For State Use Only**  
 APPROVED BY: *Bell Soriano* TITLE Staff Manager DATE 4-3-14

Conditions of Approval (if any):

Accepted for Record Only

APR 28 2014 *h*

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DATE WU  
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30-025-25851  
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*h*

CONVO PR. 4/1/14  
WALLEN UNIT #418  
UNIT LETTER R SER. 26-TRON-R38R  
Rec. Use No. LL-063458

700PSi Recorder  
tested 1-8-14  
SER # A808  
START 8:00 AM  
END 8:35 AM

James M. [Signature]  
2-19-14  
COPC

2-19-14  
WALLEN #502  
Tony [Signature]