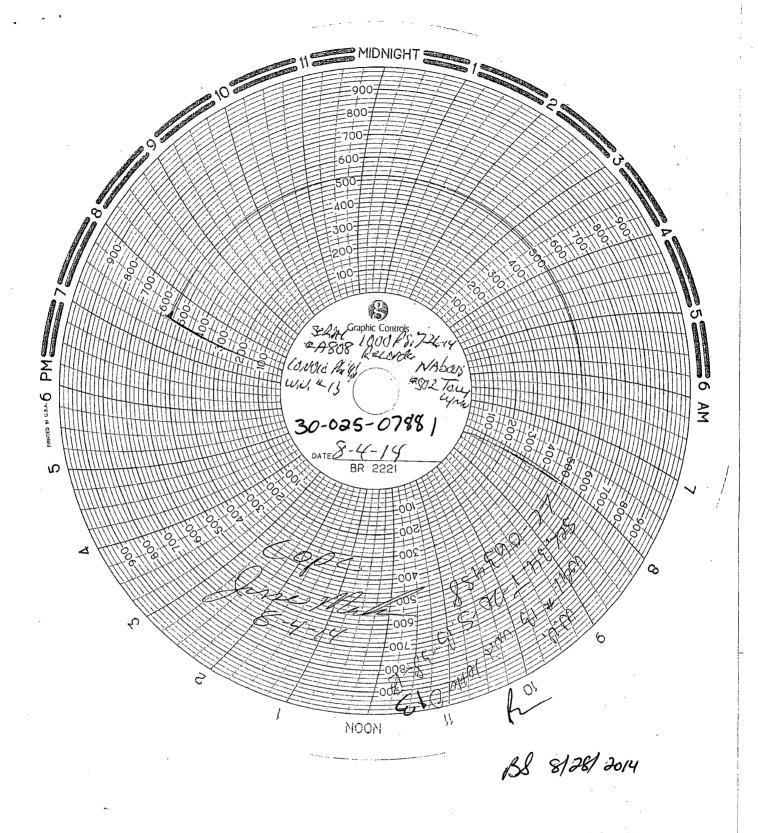
Submit I Copy To Appropriate District State of New Mexico Form C-103 Office Revised August 1, 2011 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-025-07881 **OIL CONSERVATION DIVISION** 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE П FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name Warren Unit Blinebry Tubb WF (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10 MORISOCHE PROPOSALS ) PROPOSALS.) 8. Well Number Gas Well X Other Injection 013 1. Type of Well: Oil Well 2. Name of Operator ConocoPhillips Company 9. OGRID Number 217817 3. Address of Operator P. O. Box 51810 Midland, TX. 79710 10. Pool name or Wildcat RECEIVED Warren; Blinebry Oil & Gas 4. Well Location Unit Letter O : 660 feet from the South line and 1980 feet from the East Range 38E Section 34 Township 20S **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 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A П PULL OR ALTER CASING MULTIPLE COMPL  $\Box$ CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: OTHER: 5 year MIT 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. 8/4/14 ConocoPhillips Company ran the 5 year MIT for this well to 560#/30 min - 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. TITLE Staff Regulatory Technician DATE <u>08/11/2014</u> Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174 For State Use Only Staff Munage APPROVED BY: Conditions of Approval (if any): FOR RECORD ONLY

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