Office Submit I Copy To Appropriate District	State of New M		Form C-103
<u>District I</u> - ₹(575) 393-6161	Energy, Minerals and Nat	tural Resources	Revised August 1, 2011 WELL API NO.
V625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OH CONGERNATIO	NIDIMICION	30-025-00682
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra		STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 8	8/303	6. State Oil & Gas Lease No.
07505		-a000	Federal Well NMLC058697B
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	TICES AND REPORTS ON WELL DISALS TO DRILL OR TO DEEPEN OR P. ICATION FOR PERMIT" (FORM C-101) I Gas Well X Other Injection	LUGBACK TO A FOR SUCH A 2014	7. Lease Name or Unit Agreement Name MCA Unit
1. Type of Well: Oil Well	Gas Well X Other Injection	001 2 2	8. Well Number 131
2. Name of Operator ConocoPhill	ips Company /	RECEIVED	9. OGRID Number 217817
3. Address of Operator P. O. Box Midland,	51810		10. Pool name or Wildcat
4. Well Location			in any of the second se
Unit Letter B:	feet from the North	line and 1980	feet from the East line
Section 25		Range 32E	NMPM County Lea
	11. Elevation (Show whether Di	R, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	NTENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUBS REMEDIAL WORK COMMENCE DRII CASING/CEMENT	LLING OPNS. P AND A
OTHER:		OTHER: 5 year M	IT 🛛
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.			
Attached is the 5 year MIT ran on 10/6/14 to 340#/30 mins test good.			
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Spud Date:	Rig Release D	Date:	
-			
I hereby certify that the information	above is true and complete to the l	best of my knowledge	e and belief.
	, _		
SIGNATURE MONEY	TITLE Staff	Regulatory Technicia	n DATE 10/07/2014
Type or print name Rhonda Rogers For State Use Only	E-mail addres	ss: rogerrs@conocop	ohillips.com PHONE: <u>(432)688-9174</u>
Bull	, ,	1 10 00	
APPROVED BY: / Vill XOM Conditions of Approval (if any):	ramake TITLE 2	tall Manage	DATE 10/17/2014

FOR RECORD ONLY

OCT 2 2 2014



