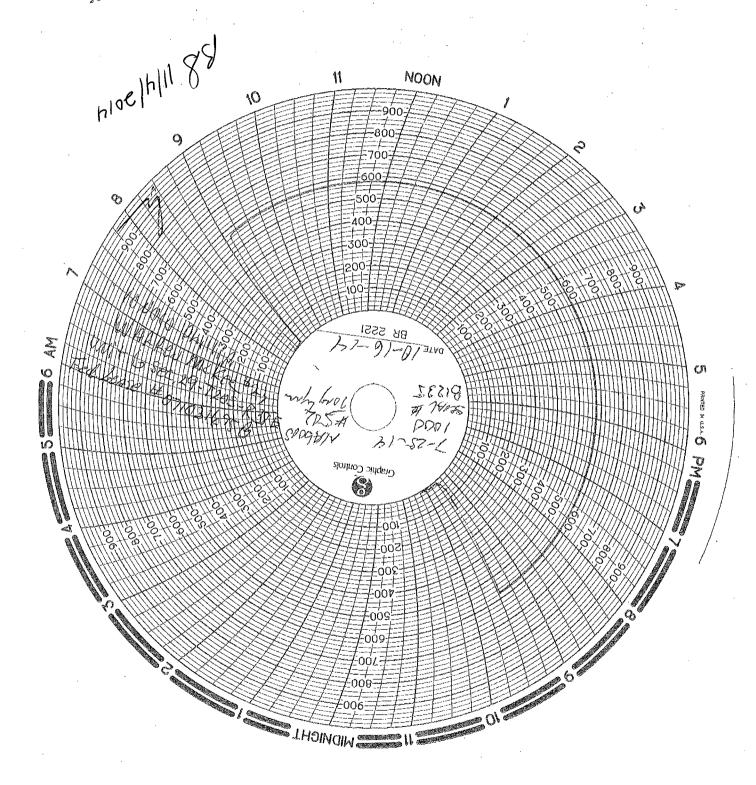
Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised August 1, 2011 District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-025-07855 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III - (505) 334-6178 STATE X **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 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name Warren Unit (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 CHARBS OCD PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well X Other Injection well OCT 3 0 2014 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; McKee Simpson 4. Well Location : 1980 Unit Letter G feet from the North line and 1980 feet from the East line Section 29 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 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 CASING/CEMENT JOB \Box X DOWNHOLE COMMINGLE OTHER: MIT 5 year test 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 @ 580#/30 mins- test good. 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 10/28/2014 Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174 For State Use Only Staff Manage APPROVED BY: Conditions of Approval (if any):

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