Submit I Copy To Appropriate District Office	State	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised August 1, 2011		
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	HOBBS OC	HOBBS OCD OIL CONSERVATION DIVISION MAR 2 5/2015 outh St. Francis Dr.		WELL API NO.	0-025-08051		
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONS			5. Indicate Type of	of Lease	Feat	
District IV - (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505 RECEIVED				STATE FEE 6. State Oil & Gas Lease No.			
				BLM NMLC029405A			
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 MCA Unit			
1. Type of Well: Oil Well Gas Well Other Injection Well				8. Well Number 331			
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 Maljamar; GB-SA			
4. Well Location				Waljallar, OB-3A			
Unit Letter D Section 20	: 660 feet from Townshi	the North	line and <u>460</u> nge 32E	feet from NMPM	the West	line	
Section 20		·	RKB, RT, GR, etc.)		County Lea		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	INTENTION TO: PLUG AND ABANI CHANGE PLANS MULTIPLE COMP		SUBS REMEDIAL WORK COMMENCE DRILL CASING/CEMENT	LING OPNS.	PORT OF: ALTERING CA P AND A	√SING □	
OTHER:	_	· 	OTHER: 5 year M	IT		X	
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 Company performed & charted the 5 yr MIT on 3/10/15 to 610#/35 mins - test good. Attached is a chart.							
Attached is a chart.							
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Spud Date:	·	Rig Release Da	to				
Splid Date.		Kig Kelease Da					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
			`				
SIGNATURE ZAONE	3-oces	TITLE Staff R	egulatory Technicia	n DA	TE <u>03/23/201</u> :	5	
Type or print name Rhonda Rog For State Use Only	$\frac{\text{ers}}{O}$	E-mail address	: rogerrs@conocop	hillips.com PHO	ONE: <u>(432)68</u>	8-9174	
APPROVED BY: Self (if any):	Kon amak	ritle	Striff Manag	DAT	ге 3/3/,	12015	
Conditions of Approval (II ally).						\mathbb{V}_{-}	

