

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 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
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

HOBBS OGD
 MAR 25 2015
 RECEIVED

WELL API NO.	30-025-39351 ✓
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEDERAL <input checked="" type="checkbox"/> <i>FEA</i>
6. State Oil & Gas Lease No.	BLM NMLC057210
7. Lease Name or Unit Agreement Name	MCA Unit ✓
8. Well Number	478 ✓
9. OGRID Number	217817
10. Pool name or Wildcat	Maljamar; GB-SA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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-G-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other Injection Well

2. Name of Operator
 ConocoPhillips Company ✓

3. Address of Operator
 P. O. Box 51810
 Midland, TX 79710

4. Well Location
 Unit Letter O : 760 feet from the South line and 2630 feet from the East line
 Section 28 Township 17S Range 32E NMPM County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: 5 year 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 Company performed & charted the 5 yr MIT on 3/12/15 to 600#/35 mins - test good.
 Attached is a chart.

Spud Date:

Rig Release Date:

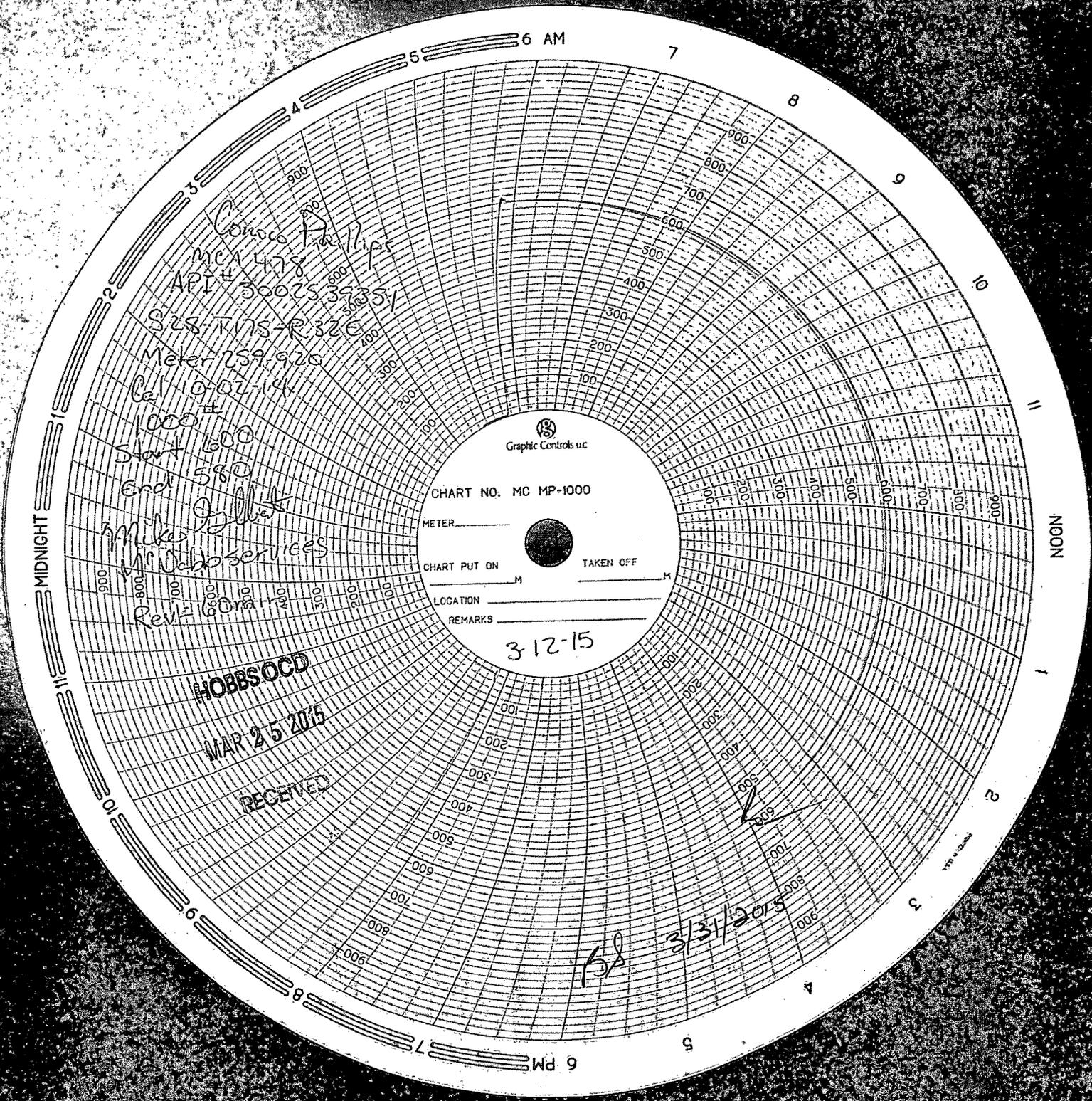
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rhonda Rogers TITLE Staff Regulatory Technician DATE 03/23/2015
 Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

For State Use Only

APPROVED BY: Bill Samanah TITLE Staff Manager DATE 3/31/2015
 Conditions of Approval (if any):

APR 02 2015 *[Signature]*



Conce
MCA 478
API# 500253535
S2S-TNS-R32E
Meter 759-926
Cal 10-02-14
1000#
Start 600
End 580
Mike Galt
Hobbs services
Rev 160

Graphic Controls uc
CHART NO. MC MP-1000
METER _____
CHART PUT ON _____ M TAKEN OFF _____ M
LOCATION _____
REMARKS _____
3-12-15

HOBBSOCD
MAR 25 2015
RECEIVED

AS 3/31/2015