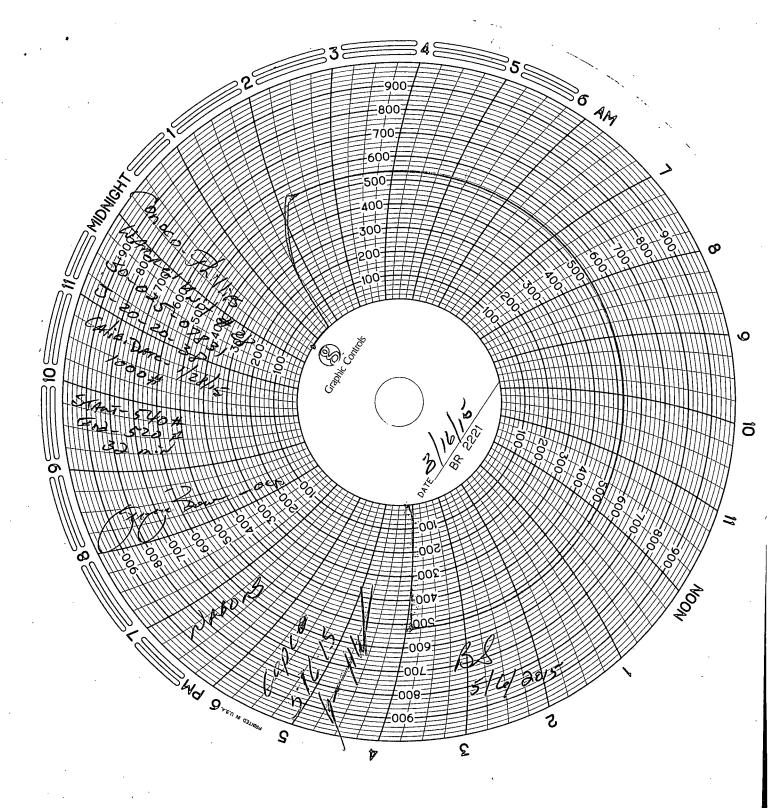
Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>Dîstrict I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-07831	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Lease	
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran		STATE	FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Leas	se No.
87505				
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			7. Lease Name or Unit Agreement Name Warren Unit	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection Well HOBBS OCD			8. Well Number 028	
2. Name of Operator			9. OGRID Number	
			217817 10. Pool name or Wildcat	
3. Address of Operator P. O. Box Midland, 7	Miller		cat	
4. Well Location		RECEIVED	Warren; McKee	
	1980 feet from the South	line and 2310) feet from the	East line
Section 20 Township 20S Range 38E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check	Appropriate Box to Indicate Na	ature of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				
TEMPORARILY ABANDON			DA 🗌	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			JOB 🗌	
DOWNHOLE COMMINGLE				
OTHER:	·	OTHER:		П
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 conducted the 5 year MIT on 3/16/15 to 540#/32 mins - test good.				
Chart Attached				
		•		
				
Spud Date:	Rig Release Da	te:		
I hardy sartify that the information	above is true and complete to the be	ost of my knowledge	and haliaf	
Thereby certify that the information	above is true and complete to the be	st of my knowledge	e and benef.	
	γ \rightarrow			
SIGNATURE Mond	G So gers TITLE Staff R	egulatory Technicia	n DATE 0	4/17/2015
Type or print name Rhonda Rogers	E-mail address	: rogerrs@conocor	phillips.com PHONE:	(432)688-9174
For State Use Only	7	-	•	
APPROVED BY: Self S	Duramak TITLE	Stoff Mune	geDATE	5/6/2015
Conditions of Approval (if any):			MAY	/ m
			MAY 0 8 2015	W11



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