Office District 1 (575) 393-6161 District II - (575) 393-6161 District III - (575) 748-1283 BIT S, Kirs St., Artesia, NM 88240 District III - (595) 748-1283 BIT S, Kirs St., Artesia, NM 88210 District III - (595) 334-6178 District IV - (505) 476-3460 District IV - (505) 476-34	/ ·
District II - (575) 748-1283 30-025-26994 State II - (575) 748-1283 31-025-26994 State II - (595) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr. Santa Fe, NM 87505 Santa Fe, NM 87505 Sundry Notices and Reports on Wells (Do Not use this Form for Proposals.) Type of Well: Oil Well	
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2. Name of Operator ConocoPhillips Company / APR 2 1 2015 9. OGRID Number 217817 3. Address of Operator Ope	line
2. Name of Operator ConocoPhillips Company	line
3. Address of Operator P. O. Box 51810 Midland, TX 79710 4. Well Location Unit Letter O : 1150 feet from the South line and 2500 feet from the East Section 29 Township 17S Range 35E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3968' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CAS	line
Midland, TX 79710 4. Well Location Unit Letter O: 1150 feet from the South line and 2500 feet from the East Section 29 Township 17S Range 35E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3968' GR 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 CAS	line
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PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
DOWNHOLE COMMINGLE	
OTHER: OTHER: 5 year MIT	$\overline{\mathbf{X}}$
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estir	nated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram proposed completion or recompletion.	of
ConocoPhillips Company has conducted the 5 year MIT on 2/25/15 to 560#/32 mins - test good	
chart attached	
·	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Thereby certify that the information above is true and complete to the best of my knowledge and benefit.	
SIGNATURE Staff Regulatory Technician DATE 04/06/2015	
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-	9174
For State Use Only	
ADDROVED DV. Bill Som and TITLE Staff Manager DATE 5/1/2	
APPROVED BY: Bill Samanch TITLE Staff Manager DATE 5/6/20 Conditions of Approval (if any):	×5-

