Office	Form C-103 August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 OIL CONSERVATION DIVISION 30-025-078 31 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION 5. Indicate Type of Lease	
District III – (505) 334-6178 1220 South St. Francis Dr.	е п 📗
District IV - (505) 476-3460 Santa Fe, NM 87505 6. State Oil & Gas Lease No	
1220 S. St. Francis Dr., Santa Fe, NM 87505 Federal	
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 Agree SEMU Permain	ement Name
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection Well HOBBS OCD 8. Well Number 031	
2. Name of Operator ConocoPhillips Company 9. OGRID Number 217817	
3. Address of Operator P. O. Box 51810 10. Pool name or Wildcat	
Midland, TX 79710 Skaggs Grayburg	
4. Well Location RECEIVED	
Unit Letter C: 660 feet from the North line and 1980 feet from the West	line
Section 19 Township 20S Range 38E NMPM County L	ea /
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 O	F.
	GCASING 🗆
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
DOWNHOLE COMMINGLE	
OTHER: OTHER: 5 year MIT	[X]
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore dia	
proposed completion or recompletion.	
ConocoPhillips Company conducted the 5 year MIT on 3/16/15 to 560#/32 mins - test good. Chart Attached	
Chart Attached	
Smud Data: Pig Release Date:	
Spud Date: Rig Release Date:	
Spud Date: Rig Release Date:	
Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	2015
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE DAY TITLE Staff Regulatory Technician DATE 04/17/2	Α
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	Α

