Submit 1 Copy To Appropriate District	State of New	Mexico	Form C-103
Office, <u>District 1</u> (575) 393-6161	Energy, Minerals and N	latural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II - (575) 748-1283	OIL CONSERVATI	ON DIVISION	30-025-25567 ~
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE
<u>District IV</u> $-(505)$ 476-3460	Santa Fe, INIV	18/505	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 Agreement Name Warren Unit BT WF
PROPOSALS.) 1. Type of Well: Oil Well	SALS.)		8. Well Number 059
2. Name of Operator	ips Company ~		9. OGRID Number
		MAY 0 4 2015	217817
3. Address of Operator p. O. Box Midland,	51810 FX 70710		10. Pool name or Wildcat
		RECEIVED	Warren;Blineby/Tubb
4. Well Location			· · · · · · · · · · · · · · · · · · ·
	feet from the		
Section 26	Township 20S	Range 38E	NMPM County Lea -
	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 OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K 🛛 ALTERING CASING 🗌
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS P AND A			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	т јов 🗌
DOWNHOLE COMMINGLE			
	_		
OTHER:		OTHER: 5 year M	
 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 530#/32 mins - test good. Chart Attached			
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Spud Date:	Rig Releas	e Date:	
-		L	
I hereby certify that the information	above is true and complete to t	he best of my knowledg	e and belief
Thereby certify that the information		ne best of my knowledg	ce une bener.
$\bigcap A \in$)		
SIGNATURE Thomas	Deens TITLE St	aff Regulatory Technici	an DATE 04/17/2015
Type or print name <u>Rhonda Roger</u> For State Use Only	E-mail add	tress: rogerrs@conoco	phillips.com PHONE: (432)688-9174
		_	
APPROVED BY: Silve	mamah	Staff Man	DATE 5/7/2015-
Conditions of Approval (if any):			
			MAY 0 8 2015'

