Submit 1 Copy To Appropriate District Office District 1 – (575) 393-6161	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
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			WELL API NO. 30-025-41708  5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87-110 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM			STATE X FEE 6. State Oil & Gas Lease No.
87505 SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI	7. Lease Name or Unit Agreement Name RED HILLS WEST 16 STATE W2		
PROPOSALS.)			8. Well Number 10H 9. OGRID Number
2. Name of Operator ConocoPhillips Company  AUG 2 4 2015			217817
3. Address of Operator P.O. Box 5 Midland, T	1810 X 79710	RECEIVED	10. Pool name or Wildcat WC-025 G-09 S263216A; WOLFCAMP
4. Well Location	202 fast from the	NORTH line and 31	60 feet from the EAST line
Unit Letter <u>A</u> : Section 16	feet from the Township 26		NMPM County LEA
		hether DR, RKB, RT, GR, et	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	ITENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	N ☐ REMEDIAL WO	RILLING OPNS. P AND A
OTHER: Variance request		☑ OTHER:	П
<ol><li>Describe proposed or comp</li></ol>	ork). SEE RULE 19.15.7	y state all pertinent details, a	and give pertinent dates, including estimated date completions: Attach wellbore diagram of
ConocoPhillips Company respectfully requests a variance to the regulatory requirements to obtain 300' of cement overlap with the Intermediate Casing Shoe. Please see the attached proposal.			
MONITOR FOR PRESSURE IF PRESSURE BUILDS AND CAN NOT BE BLED DOWN TO OF. CONTACT OCD AND SHUT IN WELL.			
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 (VMLLY	Bogen TIT	LE Regulatory Specialist	DATE <u>08/21/2</u> 015
Type or print name Ashley Bergen For State Use Only	E-m	nail address: ashley.bergen@	. 1
APPROVED BY: Your Conditions of Approval (if any):	Jacon 7 m	LE Dist. Supe	WISOU DATE 8/24/2015