| Submit 1 Copy To Appropriate District Office   | State of New Mexico   |                |                          | Form C-103                           |
|--|---|----------------|--------------------------|--------------------------------------|
| District 1 - (575) 393-6161  |   |                | ral Resources            | Revised August 1, 2011 WELL API NO.  |
| District II – (575) 748-1283   | N. French Dr., Hobbs, NM 88240<br>21 II - (575) 748-1283            |                | DIVIGION                 | 30-025-42174                         |
| 811 S. First St., Artesia, NM 88210<br>District III – (505) 334-6178   | S. First St., Artesia, NM 88210 UIL CONSERVATION DIVISION           |                |                          | 5. Indicate Type of Lease            |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | Santa Fe, NM 87505  |                |                          | STATE X FEE                          |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM   | Suita 1 0, 1111 07505   |                |                          | 6. State Oil & Gas Lease No.         |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS  |   |                |                          | 7. Lease Name or Unit Agreement Name |
| (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 PROPOSALS.)  |   |                |                          | RED HILLS WEST 16 STATE SWD          |
| 1. Type of Well: Oil Well Gas Well X Other SWD   |   |                |                          | 8. Well Number 1                     |
| 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  |   |                | BRUSHY CANYON            |                                      |
| 4. Well Location   |   |                |                          |                                      |
| · ———  |   | m the NORTH    |                          | feet from the WEST line              |
| Section 16   | Townsl  |                | nge 32E                  | NMPM County LEA                      |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3185'   |   |                |                          |                                      |
| 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 CASING  |   |                |                          |                                      |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL   |   |                |                          |                                      |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JO   |   |                |                          | <del></del>                          |
| DOWNHOLE COMMINGLE   |   |                |                          |                                      |
| OTHER: OTHER:  |   |                |                          |                                      |
| 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 respectfully requests submits the following admendment to the APD:  |   |                |                          |                                      |
|  |   |                |                          | HOBBSOCD                             |
| The proposed Blowout Prevention Program:   |   |                |                          |                                      |
| Type Working Pressure Test Pressure Manufacturer   |   |                |                          | SEP 18 2015                          |
| Annular 3000<br>Blind 3000   | Annular 3000 1500 Shaffer/ Cameron Blind 3000 3000 Shaffer/ Cameron |                |                          | <b>V</b> -                           |
|  |   |                |                          | RECHIVED                             |
|  |   |                |                          |                                      |
|  |   |                |                          |                                      |
|  |   |                |                          |                                      |
|  |   |                |                          |                                      |
| Spud Date:   |   | Rig Release Da | nte:                     |                                      |
|  |   |                |                          |                                      |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |   |                |                          |                                      |
|  |   |                |                          |                                      |
| SIGNATURE OF TITLE Regulatory Specialist DATE 09/15/2015   |   |                |                          |                                      |
|  |   |                |                          |                                      |
| Type or print name Ashley Bergen E-mail address: ashley.bergen@  For State Use Only  |   |                | s: ashley.bergen@co      | pp.com PHONE: (432)688-6938          |
|  |   | — Petro        | oleum Engineer           | 2-1-1-                               |
| APPROVED BY: Conditions of Approval (if any):  | und .   | TITLE          |                          | DATEDATE                             |