

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised August 1, 2011

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

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|--|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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.) |  | WELL API NO.<br>30-025-00681  |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION WELL <input checked="" type="checkbox"/>  |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator<br>ConocoPhillips Company  |  | 6. State Oil & Gas Lease No.  |
| 3. Address of Operator<br>P. O. Box 51810<br>Midland, TX 79710   |  | 7. Lease Name or Unit Agreement Name<br>MCA UNIT  |
| 4. Well Location<br>Unit Letter F : 1980 feet from the NORTH line and 1980 feet from the WEST line<br>Section 25 Township 17S Range 32E NMPM County LEA  |  | 8. Well Number 139  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  | 9. OGRID Number 217817  |
| 10. Pool name or Wildcat<br>MALJAMAR   |  | 10. Pool name or Wildcat<br>MALJAMAR  |

HOBBS OCD

MAR 07 2016

RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

|  |  |  |  |
|--|--|--|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/> |  | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/> |  |
| OTHER: <input type="checkbox"/>  |  | OTHER: 5 YEAR MIT <input checked="" type="checkbox"/>  |  |

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 COMPANY CONDUCTED THE 5 YEAR MIT ON 2/15/16 TO 600#/32 MINS - TEST GOOD. CHART ATTACHED

Spud Date:  Rig Release Date:

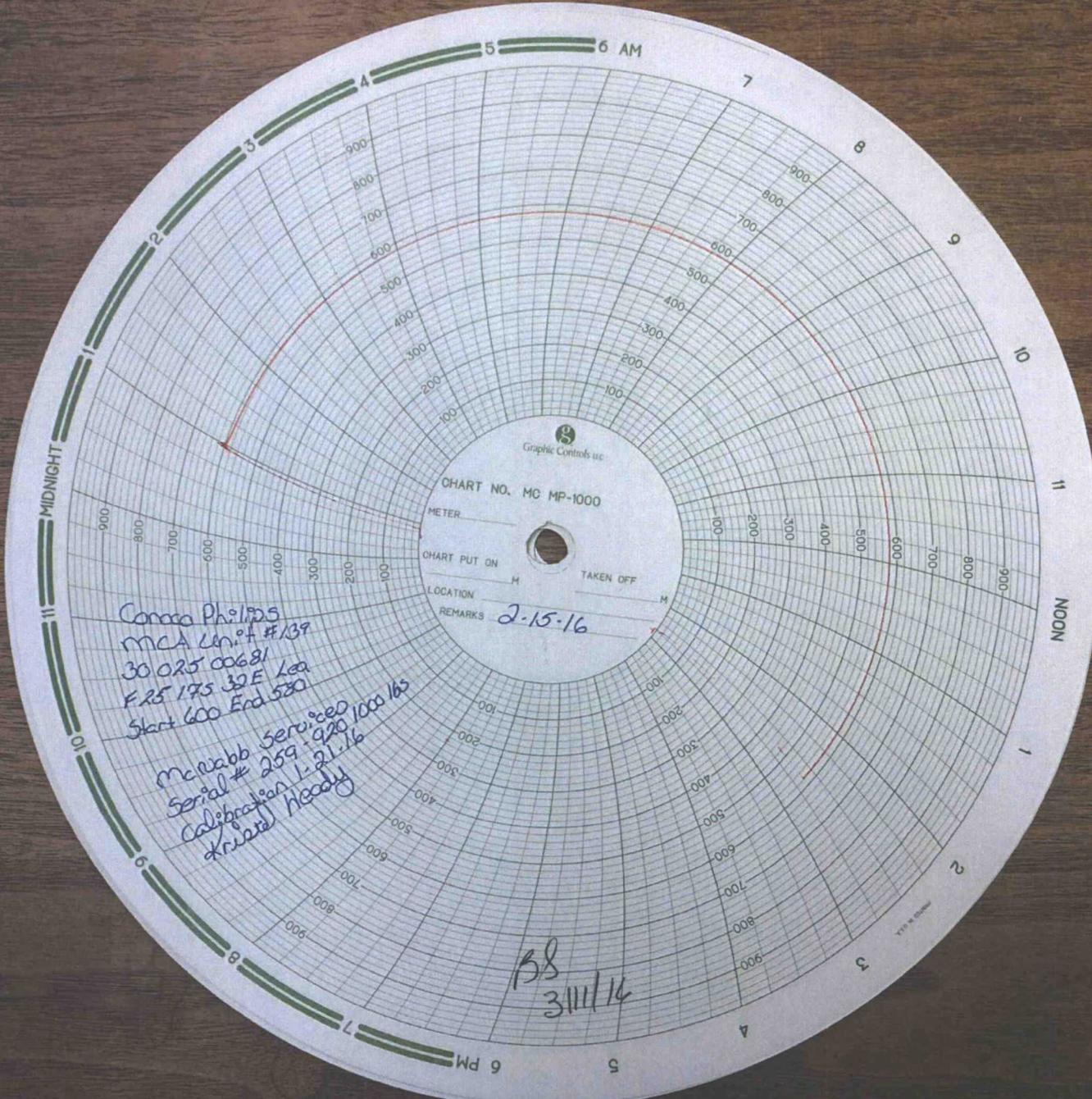
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rhonda Rogers TITLE Staff Regulatory Technician DATE 02/24/2016

Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

APPROVED BY: Bill Sommanah TITLE Staff Manager DATE 3/11/16

Conditions of Approval (if any):  
 MAR 14 2016



Graphic Controls Inc.

CHART NO. MC MP-1000

METER \_\_\_\_\_

CHART PUT ON \_\_\_\_\_

TAKEN OFF \_\_\_\_\_

LOCATION \_\_\_\_\_

REMARKS 2-15-16

Comco Phillips  
 MCA Unit # 139  
 30 025 00681  
 F 25 175 32E Lea  
 Start 600 End 530

McWabb serviced  
 Serial # 259-920 1000 lbs  
 Calibration 1-21-16  
 Krista Heady

BS  
 3/11/16