

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-00714
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION WELLS <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 51810 Midland, TX 79710		7. Lease Name or Unit Agreement Name MCA UNIT
4. Well Location Unit Letter <u>H</u> : 1980 feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>27</u> Township <u>17S</u> Range <u>32E</u> NMPM County <u>LEA</u>		8. Well Number <u>145</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>217817</u>
10. Pool name or Wildcat MALJAMAR		10. Pool name or Wildcat 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> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> 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 2/16/16 TO 610#/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.

KH

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

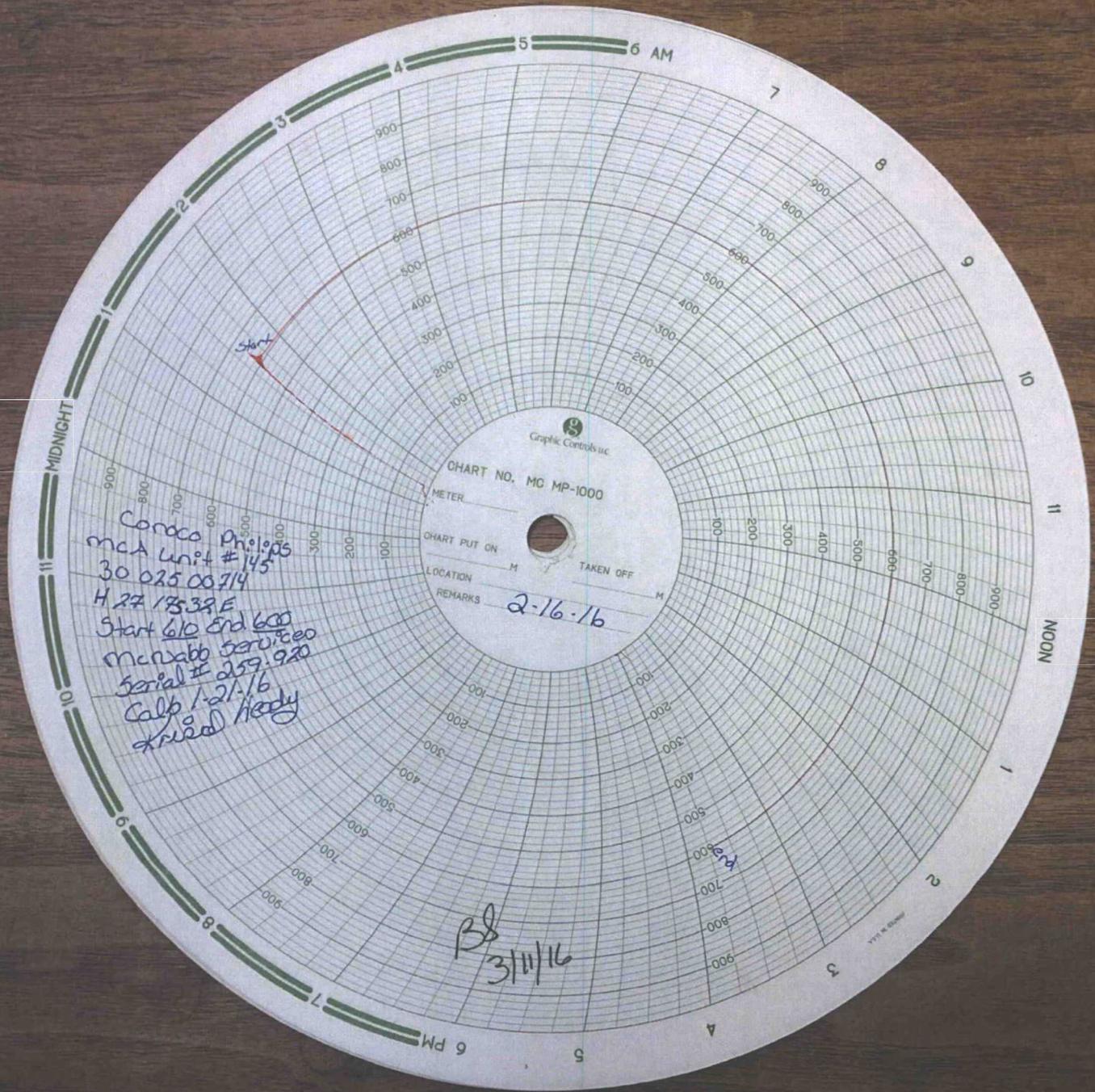
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

**For State Use Only**

APPROVED BY: Bill Serranah TITLE Staff Manager DATE 3/11/16  
 Conditions of Approval (if any):

MAR 14 2016

CK



Comco Pn: 005  
 mca unit # 145  
 30 025 00714  
 H 27 18539E  
 Start 6/10 End 600  
 manabb service  
 serial # 259.920  
 Calp 1-21-16  
 xried hedy

Graphic Controls Inc  
 CHART NO. MC MP-1000  
 METER \_\_\_\_\_  
 CHART PUT ON \_\_\_\_\_ M \_\_\_\_\_  
 LOCATION \_\_\_\_\_ TAKEN OFF \_\_\_\_\_  
 REMARKS 2-16-16

BS  
 3/11/16