

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 81 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

WELL API NO.	30-025-30337	<input checked="" type="checkbox"/>
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.		
7. Lease Name or Unit Agreement Name	MCA UNIT	<input checked="" type="checkbox"/>
8. Well Number	380	<input checked="" type="checkbox"/>
9. OGRID Number	217817	<input checked="" type="checkbox"/>
10. Pool name or Wildcat	MALJAMAR	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		

**HOBBS OCD**  
**MAR 07 2016**  
**RECEIVED**

**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 PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other INJECTION WELL

2. Name of Operator  
 ConocoPhillips Company

3. Address of Operator  
 P. O. Box 51810  
 Midland, TX 79710

4. Well Location  
 Unit Letter B : 766 feet from the NORTH line and 1874 feet from the EAST line  
 Section 28 Township 17S Range 32E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <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 2/17/16 TO 550#/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 02/25/2016

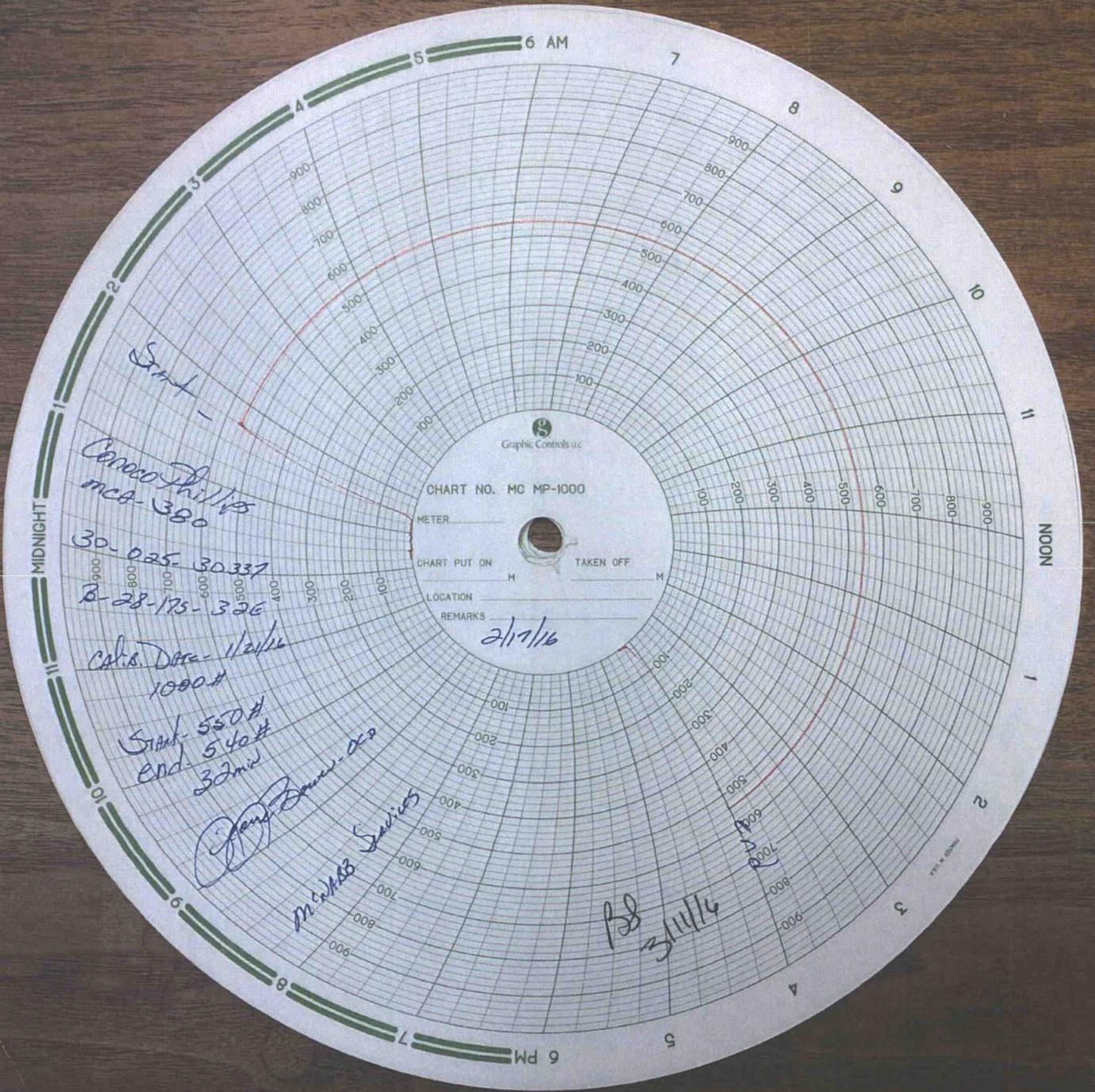
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

**For State Use Only**

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

Conditions of Approval (if any):

MAR 14 2016 *CB*



Start

Conroy Phillips  
mca-380

30-025-30337

B-28-175-326

Cals Date - 1/21/16  
1000#

Start - 550#  
End - 540#  
32min

*[Signature]*  
mca-380  
mca-380

BB  
3/11/16

Graphic Controls Inc.

CHART NO. MC MP-1000

METER

CHART PUT ON

TAKEN OFF

LOCATION

REMARKS

2/1/16

MIDNIGHT

NOON

6 PM

6 AM