

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

**HOBBS OGD RECEIVED**  
 MAR 06 2017

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

WELL API NO. 30-025-38859
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <i>fee</i>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MCA UNIT
8. Well Number 405
9. OGRID Number 217817
10. Pool name or Wildcat MALJAMAR
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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 INJ WELL

2. Name of Operator  
ConocoPhillips Company

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

4. Well Location  
Unit Letter C : 160 feet from the NORTH line and 1936 feet from the WEST line  
Section 34 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.

2/15/17 CONOCOPHILLIPS COMPANY CONDUCTED THE 5 YEAR MIT TO 580#/32 MINS - TEST GOOD. CHART ATTACHED

Spud Date:

Rig Release Date:

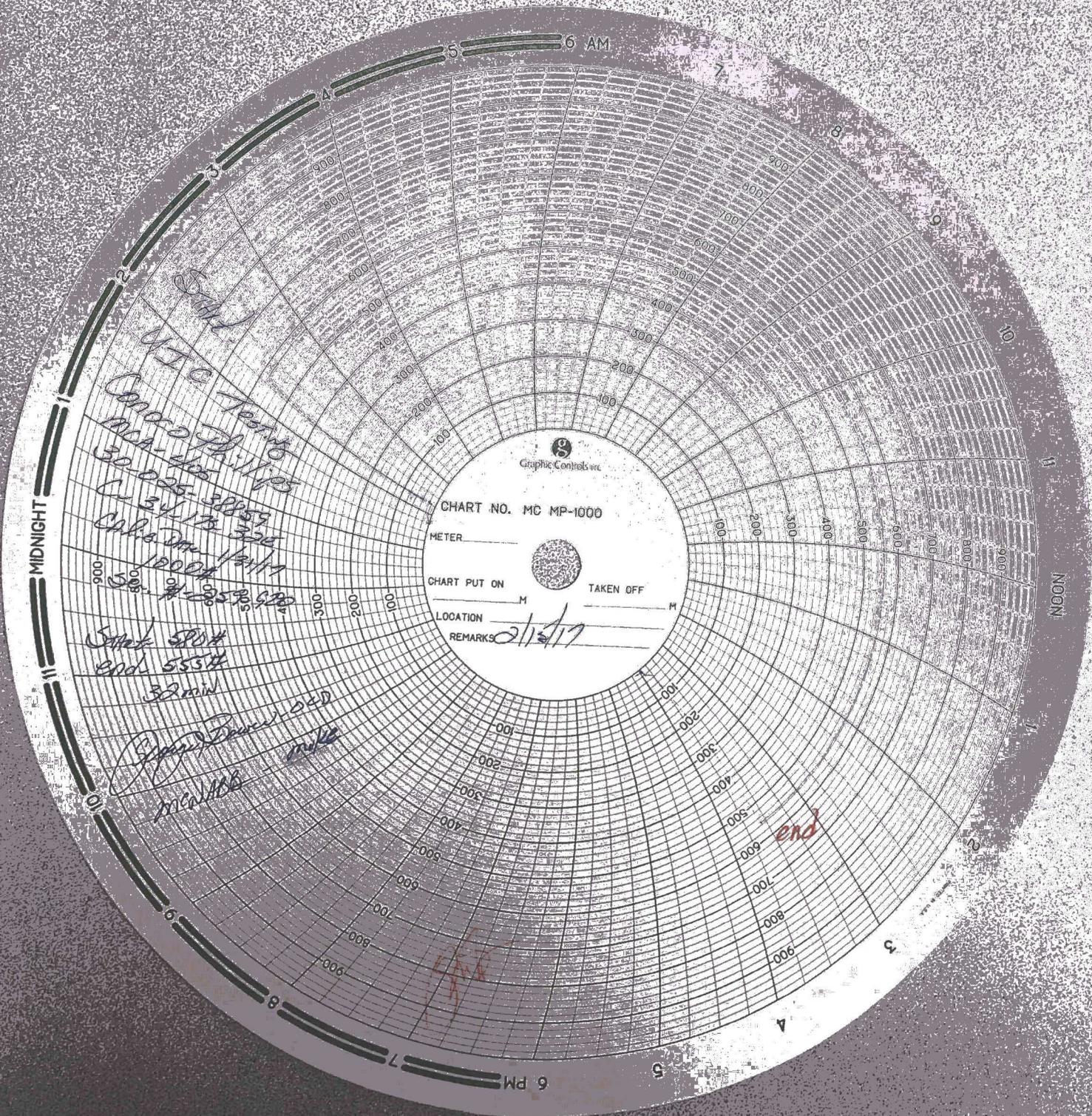
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Rhonda Rogers* TITLE Staff Regulatory Technician DATE 03/02/2017

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

**For State Use Only**

APPROVED BY: *Rhonda Rogers* TITLE Compliance Officer DATE 3/8/17  
 Conditions of Approval (if any):



410 Tent  
 Concord Phil 1165  
 30-025-448  
 C-34-173 324  
 Cal's Dm 1/2/17  
 1000 ft  
 50-2-2590-420

Start 500 ft  
 end 553 ft  
 30 min  
 Speed 2000-2200  
 Mike  
 McCallister

Graphic Controls Inc

CHART NO. MC MP-1000

METER \_\_\_\_\_  
 CHART PUT ON \_\_\_\_\_ M TAKEN OFF \_\_\_\_\_ M  
 LOCATION \_\_\_\_\_  
 REMARKS 2/15/17

end

MM