Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised June 10, 2003	
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-025	-24305	
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505			EE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease N B-2229	10.
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			7. Lease Name or Unit Agreement Name PHILLIPS E STATE	
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other			8. Well Number 017	
2. Name of Operator			9. OGRID Number 217817	
ConocoPhillips Company 3. Address of Operator 4001 Penbrook Street			10. Pool name or Wildcat	
Odessa, TX 79762			MALJAMAR GB/SA	
4. Well Location				
Unit Letter O : 990 feet from the SOUTH line and 1980 feet from the EAST line				
Section 10	Township 17S	Range 33E	NMPM S County	LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INT			SEQUENTORE PORT O	F:
PERFORM REMEDIAL WORK □	PLUG AND ABANDON	☐ REMEDIAL WOI	RK ALTERI	NG CASING
TEMPORARILY ABANDON	CHANGE PLANS			ND ONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	.ND 🗌	
OTHER:		OTHER: TEST T	`A	X
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. WELL TEMPORARILY ABANDONED (ATTACHED MIT RUN). WELL IS BEING EVALUATED FOR POSSIBLE YATES OR QUEEN RECOMPLITION. IF UNECONOMICAL TO RECOMPLETE, WELL WILL BE RECOMMENDED FOR PA This Approval of Temporary 3/30/11 Abandonment Expires				
	Abandonmer	IL EXPILES		
I hereby certify that the information	above is true and complete	to the best of my knowled	lge and belief.	
SIGNATURE Lay Ilu	omes_T	TITLE Regulatory Assistar	nt DATE	04/05/2006
Type or print name Gay Thomas	I	Gay.Thom E-mail address:	as@conocophillips.com Telephone	No. (432)368-1217
(This space for State use)	1,1,0	OC PIECO REPRESENTA	TIVE WSTAFF MANAGER	APR 1 0 2008
APPPROVED BY Service Conditions of approval, if any	J. WANK [1]	ITLE	DATE_	

