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			WELL API NO.	30-025-25334
District II 1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type	
District III 1220 South St. Francis Dr. 1200 Rio Brazos Rd., Aztec, NM 87410			STATE [X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.		
87505			B-2229	
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.)			7. Lease Name of PHILLIPS E ST	or Unit Agreement Name ATE
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 027	
2. Name of Operator ConocoPhillips Company			9. OGRID Number 217817	
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762			10. Pool name or Wildcat MALIAMAR GB/SA	
4. Well Location			-	1
Unit Letter H: 1980 feet from the NORTH line and 6660 feet from the EAST line				
Section 14	Township 17S R	tange 33E	NMPM	County LEA
	11. Elevation (Show whether DI	R, RKB, RT, GR, etc	;.) \[\land{\cand{\land{\land{\land{\land{\land{\land{\land{\land{\land{\land{\cand{\cand{\land{\land{\cand{\land{\cand{\cand{\land{\cand	
12. Check Appropriate Box to Indicate Nature of Notice, Reported Other Data				
NOTICE OF INTE	ENTION TO:	SUB	SEOUENT REI	PORT OF:
_	PLUG AND ABANDON	REMEDIAL WORL	•	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS. 🗌	PLUG AND ABANDONMENT
·	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ID 🗆	ADM DOM DEN
OTHER:		OTHER: TEST TA	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				
I hereby certify that the information ab			o and halist	
Y 11	_			
SIGNATURE SIGNATURE	MasTITLE_I	Regulatory Assistant		DATE04/05/2006
Type or print name Gay Thomas	E-mail a		s@conocophillips.c T	com elephon ⊕⊅√o . (432)368-1217
(This space for State use)	OC FIEI	LD REPRESENTATIV		- 1 1 0-
APPPROVED BY Mary W. Li	TITLE	1.0001117111	= III ƏIAFF MAN	DATE
Conditions of approval, if any WINK	. w . 100 %	let v j v se)
TSENTATIVE II/STAFF MANAGER				

