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	Energy, minerals and reaction resources		WELL API NO. 30-025-30072	
District II 1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE X FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-2229	
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR. USE "APPLICE"	7. Lease Name or Unit Agreement Name PHILMEX			
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Cother			8. Well Number 29	
Name of Operator ConocoPhillips Company			9. OGRID Number 217817	
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762			10. Pool name or Wildcat MALJAMAR B/SA	
4. Well Location				
Unit Letter_F :_	feet from the NOI	RHT line and	feet from the	WEST line
Section 27	Township 17S	Range 33E		ty LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4158' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INT PERFORM REMEDIAL WORK □		1 .	SEQUENT REPORT (OF: \square
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		AND DONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB		
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 A Aband	pproval of Temporary donment Expires	3/29/11	2.0314	15 16 17 70 P
I hereby certify that the information a	phoyo is two and complete to t	h- h4 - £ 1 - 1 - 1 - 1	11.11.6	
SIGNATURE Jay Inc			s@conocophillips.com	
Type or print name Gay Thomas (This space for State use)	E-ma	ail address:	Telephone	e No. (432)368-1217
APPPROVED BY Conditions of approval, if any:	. Wink TITLE	ELD REPRESENTATIVE E	II/STAFF MANAGER DATE	APR 1 0 201

