Submit 3 Copies To Appropriate District Office	En angre Min anala and Natural Descarrage			Form C-103 Revised June 10, 2003			
District I Energy, Witherars and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO. 30-025-30395			
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION District III 1220 South St. Francis Dr.				5. Indicate Type of Lease STATE X FEE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505				6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 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				7. Lease Name or Unit Agreement Name PHILMEX			
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other				8. Well Number			
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 GB/SA			
4. Well Location				MALJAWAR	IB/SA		
Unit Letter_ ^J :_	1980 feet from the S	OUTH	line and2	2105 feet fi	rom the EAST	line	
Section 26	Township 17S		ange 33E	NMPM	15 76 County LEA		
	11. Elevation (Show when 4143' GR	ther DR	, RKB, RT, GR, etc	3.)	G \		
12. Check A	appropriate Box to Indi	cate N	lature of Notice.	Report or Othe	r Data		
NOTICE OF INT	TENTION TO:		SUB	SEQUENT RE	PORT QF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO				K 🖂	ALTERNYG CASI	NG □	
_			COMMENCE DRI	LLING OPNS. 🗆 87 <i>1</i> 7	PEUC AND PABANDONMEN	Т	
PULL OR ALTER CASING	MULTIPLE [COMPLETION		CASING TEST AN CEMENT JOB				
OTHER:	[OTHER: TEST TA	A .		\mathbf{X}	
13. Describe proposed or complosed for starting any proposed wo or recompletion. WELL TEMPORARILY ABANE OR QUEEN RECOMPLITION. TO RECOMPLETE, WELL WILL	rk). SEE RULE 1103. For DONED (ATTACHED MIT IF UNECONOMICAL L BE RECOMMENDED F	r Multip Γ RUN). FOR PA	le Completions: A	ttach wellbore diag	gram of proposed co	ompletion	
	This Appro Abandonr	oval o nent E	f Temporary	3/29/11			
			∻.	. Access on			
I hereby certify that the information a	above is true and complete	to the b	est of my knowledg	e and belief			
SIGNATURE Lay Ih			egulatory Assistant		DATE 04/05/2	2006	
Type or print name Gay Thomas	E	-mail ad		s@conocophillips.c	com Celephone No. (432	2)368-1217	
(This space for State use)	1 1 1				AP	Ŕ 1 ⁰ 2006	
APPPROVED BY	Mile m.	ΓLE	IELD REPRESENTA	alive hystaff M	ANAGER DATE	1	
Conditions of approval, if any:			**************************************				

