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, infinitions and indicate incorporate			WELL API NO. 30-025-30446		
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease		
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505			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 or Unit Agreement Name PHILMEX		
1. Type of Well: Oil Well X Gas Well Other				8. Well Number		
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 MALJAMAR GB/SA		
4. Well Location						
Unit Letter_H:_	feet from the	NORTH	line and	feet f	rom the EAST line	
Section 27	Township 17S		ange 33E	NMPM	County LEA	
	11. Elevation (Show who 4139' GR	ether DR	R, RKB, RT, GR, etc	c.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO:				SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	к 🗆	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ND		
OTHER:			OTHER: TEST TA	A	X	
 Describe proposed or complete of starting any proposed work or recompletion. WELL TEMPORARILY ABAND OR QUEEN RECOMPLITION. ITO RECOMPLETE, WELL WILL 	rk). SEE RULE 1103. Fo DONED (ATTACHED MI IF UNECONOMICAL	or Multip T RUN)	ole Completions: A	ttach wellbore diag	gram of proposed completion	
	This Approval of T Abandonment Ex	Tempo pires :	rary 3/29/	L, 300	314151617 8 2129 22 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE Lay The	mas T	TTLE_R	Regulatory Assistant		DATE 04/05/2006	
Type or print name Gay Thomas	I	E-mail ac		s@conocophillips.	com Γelephone No. (432)368-121′	
(This space for State use)	1	·				
APPPROVED BY Law Conditions of approval, if any	. Wink oct	ITLE ELD REF	RESENTATIVE II/S	TAFF MANGACES	DATE	
any.			· · · · · · · · · · · · · · · · · · ·	A	PR 1 0 2006	

