

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-07831
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. Federal Lease
7. Lease Name or Unit Agreement Name Warren Unit
8. Well Number 028
9. OGRID Number 217817
10. Pool name or Wildcat Warren;Mckee
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR IN ANY WAY TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-104) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other Injection well

2. Name of Operator
ConocoPhillips Company

3. Address of Operator
P. O. Box 2197, Houston, TX 77252

4. Well Location
 Unit Letter J : 1980 feet from the South line and 2310 feet from the East line
 Section 20 Township 20S Range 38E NMPM County LEA

HOBBS OCD
 APR 10 2020
 RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: 5 year MIT <input checked="" type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

ConocoPhillips Company conducted 5 year MIT on 3/3/20 to 560#/32 min-test good Chart attached

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rhonda Rogers TITLE Regulatory Coordinator DATE 03/06/2020

Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: 832-486-2737
 For State Use Only

APPROVED BY: Gay Johnson TITLE Capital's Office DATE 5-5-20
 Conditions of Approval (if any):

HOBBS OGD

APR 10 2020

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START
 WAC UNIT
 COP # 12115
 CON UNIT # 2
 025-07837
 20 20538E
 CNAbb Services
 est # 202A-39965
 Cal 12-16-19
 1000# 603.2
 5600#
 5300#
 5100#
 4900#
 4700#
 4500#
 4300#
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 3900#
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 2500#
 2300#
 2100#
 1900#
 1700#
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 1300#
 1100#
 900#
 700#
 500#
 300#
 100#

METER _____
 CHART NO. MC MP-1000
 CHART PUT ON _____ M
 LOCATION _____
 REMARKS _____
 J-3-20
 TAKEN OFF _____ M

END

[Handwritten Signature]

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