Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 Revised June 10, 2003		
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO. 30-025-25952		
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 X FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & Gas Lease No.		
87505	CEC AND DEPONTS			B-2229	T	
(DO NOT USE THIS FORM FOR PROPOS, DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)		EPEN OR PL	UG BACK TO A	PHILLIPS	Name or Unit Agreement Name of Unit Agreement Name of ESTATE	ne
1. Type of Well: Oil Well Gas Well X Other WATER INJECTION				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 N :	feet from the	e SOUTH	line and	1980	feet from the WEST	line
Section 14	Township 1'		ange 33E	NMPM	County LEA	
·	11. Elevation (Show v 4133' GR, 4142' DF		R, RKB, RT, GR, et	c.)		
12. Check A	ppropriate Box to I		Jature of Notice	Report or (Other Data	
NOTICE OF INT		naicate i		-	TREPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	и 🗆	REMEDIAL WOR	•	☐ ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS	. ☐ PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ND		
OTHER:			OTHER: MIT TE	ST		X
 Describe proposed or comple of starting any proposed wor or recompletion. MIT TEST: CHART INCLUDED 	k). SEE RULE 1103.	ly state all For Multip	le Completions: A	ttach wellbore	e diagram of proposed comp	d date letion
				101020180102181 101018181 101018181 1010181818181818	31920 2722 2526 BL	
I hereby certify that the information a	bove is true and comple	ete to the b	est of my knowledg	e and belief.		
SIGNATURE Hay Tho	mas		Regulatory Assistant		DATE 07/13/200	6
Type or print name Gay Thomas		E-mail a		s@conocophi	illips.com Telephone No. (432)36	
(This space for State use)	11.1	Ö	HELD REPRESEN	TATIVE II/ST		
APPPROVED BY Conditions of approval, if any:	wmp	_TITLE			DATE JUL 1	7 201

