Submit 3 C	Copies To Appropriate District	State of	New Me			Form C-103	
District I	Energy, Minerals and Natural Resort N. French Dr., Hobbs, NM 88240				WELL API NO.	May 27, 2004	
District II						025-26420	
1301 W. C District III	V Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.				5. Indicate Type of Leas		
1000 Rio	tio Brazos Rd., Aztec, NM 87410				STATE X	FEE .	
<u>District IV</u> 1220 S. St 87505	S. St. Francis Dr., Santa Fe, NM				6. State Oil & Gas Lease B-2148	> No.	
	SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit A	Agreement Name	
(DO NOT	USE THIS FORM FOR PROINT RESERVOIR USE "APP	POSALS TO DRILL OR TO DEE LICATION FOR PERMIT" (FOR	Leamex				
PROPOSA	ALS.)	O W-11 N					
	of Well: Oil Well	8. Well Number 19					
	e of Operator ConocoPhi	9. OGRID Number 217817					
3. Addr	ress of Operator 4001 Pe	10. Pool name or Wildcat					
4 37-11		, TX 79762	Maljamar; Grayburg/San Andres				
4. Weji	4. Well Location Unit Letter D: 660 feet from the North line and 660 feet from the West line						
Unit Letter D: 660 feet from the North line and 660 feet from the West line Section 24 Township 17S Range 35E NMPM CountyLea							
	Section 24					lyLea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4124' GR							
Pit or Below-grade Tank Application or Closure							
Pit type	Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water						
Pit Liner 7	Thickness: n	nil Below-Grade Tank: Vo	olume	bbls; Co	nstruction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
	NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFO	RM REMEDIAL WORK		۱ 🗆	REMEDIAL WOR		RING CASING []	
TEMPO	RARILY ABANDON	CHANGE PLANS		COMMENCE DRII			
PULL O	R ALTER CASING [MULTIPLE COMPL		CASING/CEMENT	JOB		
OTHER:				OTHER:Reactivate	e well	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.							
of recompletion.							
Well reactivated, volumes reported on 08/06 NM OCD Family 15, soppy attricts.							
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I hereby c	ertify that the information	on above is true and comple	te to the he	est of my Irnoviladae	and balled war at the		
grade tank	has been/will be constructed	or closed according to NMOCD	guidelines], a general permit []	or and belief. I further certify	that any pit or below- D-approved plan .	
SIGNATI				gulatory Specialist			
5101111	ond	T, Was	111LL: <u>***</u>	garatory opecianst	DATI	E 10/18/06	
Type or print name Celeste G. Dale			E-mail address:celeste.g.dale@conocophillips:Eelephone No. (432)368-1667				
For State	Use Only	1			•	00T 0 = 900C	
APPROV	ED BY: Mary 1.	J. Wink	OC FIE	LD REPRESENTATI	VE II/STAFF MANAGER		
	s of Approval (if any):				DATI	<u></u>	