

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO.	30-025-26420
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. B-2148	
7. Lease Name or Unit Agreement Name Leamex	
8. Well Number	19
9. OGRID Number	217817
10. Pool name or Wildcat Maljamar; Grayburg-San Andres	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4124' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other Water Injection

2. Name of Operator
ConocoPhillips Company

3. Address of Operator 3300 N. "A" Street, Bldg. 6 #247
Midland, TX 79705

4. Well Location
Unit Letter D : 660 feet from the North line and 660 feet from the West line
Section 24 Township 17-S Range 33-E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4124' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

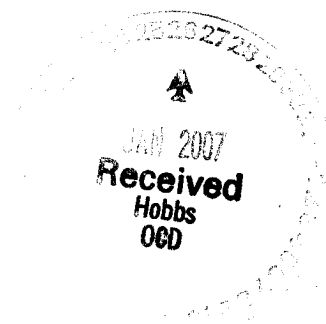
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Reactivation ☒

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.

This well is on the NM OCD's list of Inactive Wells. The well is an active injector. Volumes for 2006 are as follows:

Jan - 591 BW
Feb - 469
Mar - 588
Apr - 543
May - 463
Jun - 825
July - 276
Aug - 4108
Sept - 3412
Oct - 0
Nov - 128
Dec - 136



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Celeste G. Dale TITLE Regulatory Specialist DATE 01/25/07

Type or print name Celeste G. Dale
For State Use Only

E-mail address: celeste.g.dale@conocophillips.com Telephone No. (432)688-6884

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: Harry W. Wink TITLE _____ DATE _____
Conditions of Approval (if any):

FEB 02 2007