

Office

Energy, Minerals and Natural Resources

June 19, 2008

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

87505

RECEIVED

APR 06 2009

HOBBSUCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-36047 ✓

5. Indicate Type of Lease

STATE ☐ FEE ☐ ✓

6. State Oil & Gas Lease No.

30767

7. Lease Name or Unit Agreement Name

Bump Po 36 State ✓

8. Well Number 1 ✓

9. OGRID Number 217817 ✓

10. Pool name or Wildcat

Vacuum; Morrow (Gas) ✓

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 ✓

2. Name of Operator

ConocoPhillips Company

3. Address of Operator

P.O. Box 51810 Midland, Tx 79710

4. Well Location

Unit Letter I : 1800 feet from the South line and 660 feet from the East line
Section 36 Township 17S Range 33E NMPM Lea County ✓

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

4101' GL

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 ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

SUBSEQUENT REPORT OF:

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

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.

The above well was plugged and abandoned in February. 2009. The Dry hole marker has been installed, all equipment removed from the location, and reclamation work is in progress.

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

TITLE

Sr. Regulatory Specialist

DATE

4/2/2009

Type or print name

Donna Williams

E-mail address: Donna.J.Williams@

PHONE:

432-688-6943

For State Use Only

APPROVED BY:

TITLE

DISTRICT 1 SUPERVISOR

DATE

APR 07 2009

Conditions of Approval (if any):