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PIA'd. OKTO RELEASE. MUB. 6/8/2010

Section Sect	Submit One Copy To Appropriate District HOBBSUGD State of New Mexico	Form C-103	
Section Composition Continue Composition Continue Cont	Unice Engage Minorals and Natural Description		
Solid Company 1220 South St. Francis Dr. Santa Fe, NM 87505 Sate Oil & Gas Lease No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 Sate Oil & Gas Lease No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 Sate Oil & Gas Lease No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Francis Dr. Santa Fe, NM 87505 St. Market No. B. 2229 St. Market No. B. B. 2229 St. Market No. B. 2229 St. Market No. B. 2229 St.	Change Control of the	WELL API NO. /	
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37305 Francia Dr., Simila Fa, NM B3-2229	1000 Rio Brazos Rd., Aztec, NM 87410		
SUNDRY NOTICES AND REPORTS ON WELLS ON NOT USE THIS FORM POR PROPOSALS TO DRILL OR TO DEFERENT RESERVOR. USE "APPLICATION FOR PREMIT PROMOSALS" 1. Type of Well: Oil Well Gas Well Stother Jection 2. Name of Operator O. OGRID Number 12 3. Address of Operator O. OGRID Number 12 4. Well Location One of Deference of Consocion One of Deference of Consocion 4. Well Location One of Deference of Consocion One of Deference of Consocion 5. Consocion One of Deference of Consocion One of Deference of Consocion 6. Well Location One of Deference of Consocion One of Deference of Consocion 7. Lebevation (Show whather DR. RKB. RT, GR. etc.) 7. Lebevation (Show whather DR. RKB. RT, GR. e	District 1	1 1	
DONOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFERNOR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (ORM-C19) FOR SUCH PROPOSALS	87505		
DIFFERENT RESERVOR. USE 'APPLICATION FOR PERMIT' (FORM C-101) FOR SUCH			
Type of Well: Oil Well Gas Well Cother Gas Well Concoophillips Company Source of Concoophillips C	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Tamaps E State 7	
2. Name of Operator Concoe/Delign Company 3. Address of Operator P.O. Box 51810 Midland, Tx 79710 4. Well Location Unit Letter M		8. Well Number 12	
ConcooPhillips Company 217817 3. Address of Operator 10. Pool name or Wildcat 10. Pool name or Wildcat Maljamar GB/SA Well Location Unit Letter 10. Pool name or Wildcat Maljamar GB/SA Maljamar GB/SA 11. Elevation (Show whether DR. RKB, RT. GR. etc.) 11. Elevation (Show whether DR. RKB, RT. GR. etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A PULIO RALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A A steel marker at least 4" in diameter and at least 4" above ground level has been set in concrete. It shows the OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE. The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. His is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.) All other environmental concerns have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines. Donna Williams E-MAIL: Donna Williams PHONE 432-688-6943 PHONE 432-6		9 OGRID Number	
3. Address of Operator P.O. Box 1310 Midland, Tx 79710 4. Well Location Unit Letter M		1	
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Unit Letter	P.O. Box 51810 Midland, Tx 79710	Maljamar GB/SA	
Section D	4. Well Location		
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	Conditions of Approval (if any):	D.	