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Submit One Copy To Appropriate District BBSOCD State of New Me. Office Energy, Minerals and Natur	kico Form C-103 Pal Resources March 18, 2009
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave , Artesia, NM 88210 OIL CONSERVATION	DIVISION 30-025-24305
District III 1220 South St. Fran	cis Dr. 5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87	
1220 S. St. Francis Dr., Santa Fe, NM 87505	B-225-8
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO PROPOSALS.)	R SUCH
1. Type of Well: Soil Well Gas Well Other	8. Well Number 17
2. Name of Operator ConocoPhillips Company	9. OGRID Number / 217817
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 51810 Midland, Tx	haliana GBISA
4. Well Location	
Unit Letter O : QQO feet from the S line and Q80 feet from the E line	
Section 10 Township 17 Range 33 NMPM County 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:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐	REMEDIAL WORK ALTERING CASING U' COMMENCE DRILLING OPNS. P AND A
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐	CASING/CEMENT JOB
TOLE ON ALTEN GASING	-
OTHER:	
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.	
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the	
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u> 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.	
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.	
If this 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 addressed as per OCD rules.	
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-	
retrieved flow lines and pipelines.	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.	
SIGNATURE TITLE I	Regulatory DATE 8/3/2010
TYPE OR PRINT NAME Donna Williams E-MAIL:	PHONE: 432-688-6943
For State Use Only	
APPROVED BY: Walth Witchen TITLE (mpliancofficer DATE 08-04-2010
Conditions of Approval (if any):	related
	7.112/20/2007