| Office District 1 1625 N. French Dr., Hobbs, NM 88240 E Finergy, Minera | of New Mexico ls and Natural Resources | | WELL API NO. | Form C-103 March 18, 2009 |
|--|---|---|--|--|
| 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 Santa Fe, NM 87505 | | | 5. Indicate Type of STATE [2] 6. State Oil & Gas | of Lease |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | B-3196 7. Lease Name or State 35 Unit | Unit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: XOil Well Gas Well Other | | | 8. Well Number | × 4/ |
| Name of Operator ConocoPhillips Company | | | 9. OGRID Numbe | 217817 J |
| 3. Address of Operator 3300 N "A" St, Bldg 6 Midland, TX 79705 | | | 10. Pool name or Yates | |
| 4. Well Location | | | | |
| Unit Letter F: 1980 feet from the North line and 1980 feet from the West line | | | | |
| Section 35 Township 17S Range 34E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| 4017' | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| NOTICE OF INTENTION TO: | — | l e e e e e e e e e e e e e e e e e e e | SEQUENT REF | |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDO TEMPORARILY ABANDON ☐ CHANGE PLANS | N ∐ | REMEDIAL WORK COMMENCE DRIL | | ALTERING CASING ☐ ' P AND A |
| PULL OR ALTER CASING MULTIPLE COMPL | | CASING/CEMENT | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| OTHER: | П | | adv for OCD inspe | ction after P&A |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. 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 | | | | |
| | | | | |
| 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. | | | | |
| 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. to be removed.) | Portable ba | ses have been remov | ed. (Poured onsite of | concrete bases do not have |
| All other environmental concerns have been addressed Pipelines and flow lines have been abandoned in according retrieved flow lines and pipelines. | | | All fluids have bee | n removed from non- |
| When all work has been completed, return this form to the a | nnronriate F | district office to sche | dule an inspection | |
| , , , | ppropriate E | visuate office to sene | date an mapeetion. | |
| SIGNATURE S. J.: | _TITLE_Re | gulatory Specialist | Ţ | DATE <u>02/15/2011</u> |
| TYPE OR PRINT NAME Brian D Maiorino For State Use Only | | | | HONE: <u>(432)688-6913</u> |
| APPROVED BY: FOR RECORD ON Conditions of Approval (if any): | TITLE_, | ,, | | DATE FEB 2 4 2011 |