

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210

DISTRICT T11
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-00567
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B 2366-11
7. Lease Name or Unit Agreement Name	MCA Unit
8. Well No.	11
9. Pool name or Wildcat	Maljamar Grayburg/SA
10. Elevaon (Show whether DF, RKB, RT, GR, etc.) 4034 DF	

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

4001 Penbrook, Odessa, TX 79762

4. Well Location

Unit Letter O 660 Feet From The South Line and 1980 Feet From The East Line
Section 16 Township 17S Range 32E NMPM Lea County

11 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐ Renew/Request TA Status ☒

12. 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.

ConocoPhillips requests renewal approval of Temporary Abandonment status for the above referenced well. A new, valid MIT was run on 1/30/03, see chart attached.

We would like to retain this wellbore for further evaluation of Maljamar Grayburg/SA potential. This evaluation should be completed within the next 18-24 months.

12. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE Regulatory Assistant DATE 2/07/03

TYPE OR PRINT NAME Kristy S. Ward TELEPHONE NO 915-368-1371

(this space for State Use) ORIGINAL SIGNED BY

GARY W. WINK

APPROVED BY OCD FIELD REPRESENTATIVE II/STAFF MANAGER TITLE _____ DATE _____

CONITIONS OF APPROVAL, IF ANY:

Distribution: OCD (3), SHEAR, PONCA, COST ASST, FIELD, WELL FILE

FEB 13 2003

2/13/08

6 AM
30 Minute Test for TA status

