-2.		
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1 – (575) 393-6161</u> Ener	rgy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025-03010
611 5. Flist 5t., Altesia, INVI 86210	L CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM2874710 2 5 2013	1220 South St. Francis Dr.	STATE X FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DR DIFFERENT RESERVOIR. USE "APPLICATION FOR		EAST VACUUM GSA UNIT TRACT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well	I Other INJECTION /	8. Well Number 004
2. Name of Operator ConocoPhillips Compan	v /	9. OGRID Number 217817
3 Address of Operators on State	· · · · · · · · · · · · · · · · · · ·	10. Pool name or Wildcat
3. Address of Operator _{P. O. Box 51810} Midland, TX 79710		VACUUM; GRAYBURG SAN- ANDRES
4. Well Location		
Unit Letter J : 1962	_feet from the <u>SOUTH</u> line and <u>197</u>	6feet from the EASTline
Section 34	Township 17S Range 35E	NMPM County LEA
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<u>3923' G</u>	R	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	ND ABANDON 🗌 REMEDIAL WOR	
———		· · ·
	· · · · · ·	
OTHER:	OTHER: REPOR	
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
01/16/13 Charted MIT @ 480#/30 min- test good. See attached chart.		
$01/10/15$ Charled Mill ($\frac{1}{2}$ 400 $\frac{1}{150}$ mill test	good. See attached chart.	· · ·
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	[······································
Spud Date:	Rig Release Date:	
		· · · · · · · · · · · · · · · · · · ·
I hereby certify that the information above is true	ue and complete to the best of my knowledg	ge and belief.
		- · · · · · ·
SIGNATURE (ID) ULLY J JAN	<u>U</u> TITLE <u>Staff Regulatory Technicia</u>	an DATE <u>02/22/2013</u>
Type or print name <u>Ashley Martin</u> E-mail address: <u>Ashley Martin@conocophillips.cdfh</u> IONE: <u>(432)688-6938</u>		
A VA State Use Olly	11 11 1	
APPROVED BY	TITLE JST. MES	DATE 2-26-2013
Conditions of Approval (if any):	- C	
	``	

No. of State

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