Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
District 1 – (575) 393-6161 HOBBS One by, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88216 EB 06 2010 IL CONSERVATION DIVISION	30-025-43734
District III – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NIRECEIVED Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	B-1839-1
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.)	7. Lease Name or Unit Agreement Name EAST VACUUM GB-SA UNIT
1. Type of Well: Oil Well X Gas Well Other	8. Well Number 514
2. Name of Operator ConocoPhillips Company	9. OGRID Number 217817
3. Address of Operatorp. O. Box 51810	10. Pool name or Wildcat
Midland, TX 79710 4. Well Location	VACUUM; GB-SA
Unit Letter L : 2180 feet from the SOUTH line and 488 feet from the WEST line	
Section 33 Township 17S Range 35E	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3952' GL	
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 REMEDIAL WORK ALTERING CASING   TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	
OTHER: OTHER: FIRST D	ELIVERY
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.	
CONOCOPHILLIPS COMPANY FIRST DELIVERED THIS WELL 12/22/17	
Spud Date: 08/31/2017 Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	and helief
Thereby certify that the information above is true and complete to the best of my knowledge	and bener.
SUCNATURE The Ole TITLE Staff Barylatory Tachnicia	DATE 02/01/2019
SIGNATURE Thomas Carrow TITLE Staff Regulatory Technician	nDATE_02/01/2018
Type or print name <u>Rhonda Rogers</u> <u>C</u> E-mail address: <u>rogerrs@conocop</u> <u>For State Use Only</u>	hillips.com PHONE: (432)688-9174
APPROVED BE Sten Sharp TITLE Staff Mgp	DATE 2-7-18
Conditions of Approval (if any):	DAIL C'TIU