Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Office Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II - (575) 748-1283 811 S. First St. Artesia, NM 88210 HOB'S OIL CONSERVATION DIVISION	30-025-40032
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 <u>District III</u> – (505) 334-6178 <u>A 2013</u> 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87418 20 2013 Sonta Ea NIM 87505	STATE X / FEE
1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	East Vacuum GBSA Tract 3315
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number 507W
2. Name of Operator ConocoPhillips Company	9. OGRID Number 217817
3. Address of Operator P. O. Box 51810	10. Pool name or Wildcat
Midland, TX 79710	Vacuum; Grayburg-San Andres
4. Well Location	
Unit Letter <u>G</u> : 2517 feet from the <u>North</u> line and <u>216</u>	6 feet from the East line
Section 33 Township 17S Range 35E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
3944' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SEQUENT REPORT OF:
	— — — —
OTHER: isolate & repair csg	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	d give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Con	
proposed completion or recompletion.	
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Spud Date:       Rig Release Date:         I hereby certify that the information-above is true and complete to the best of my knowledge         SIGN ATURE       TITLE Staff Regulatory Technicia         Type or print name       Rhonda Rogers	e and belief.
Spud Date:       Rig Release Date:         I hereby certify that-the information-above-is-true and complete to the best of my knowledge         SIGN_TURE       TITLE Staff Regulatory Technicia	e and belief. anDATE 05/17/2013 phillips.comPHONE: (432)688-9174
Spud Date:       Rig Release Date:         I hereby certify that the information-above is true and complete to the best of my knowledge         SIGN ATURE       TITLE Staff Regulatory Technicia         Type or print name       Rhonda Rogers	e and belief.
Spud Date: I hereby certify that the information-above is true and complete to the best of my knowledge SIGN ATURE TITLE Staff Regulatory Technicia Type or print name Rhonda Rogers For State Use Only APPROVED BY: TITLE Distingentiation above is true and complete to the best of my knowledge TITLE Distingentiation above is true and complete to the best of my knowledge TITLE Distingentiation above is true and complete to the best of my knowledge TITLE Distingentiation above is true and complete to the best of my knowledge TITLE Distingentiation above is true and complete to the best of my knowledge TITLE Distingentiation above is true and complete to the best of my knowledge TITLE Distingentiation above is true and complete to the best of my knowledge TITLE Distingentiation above is true and complete to the best of my knowledge TITLE Distingentiation above is true and complete to the best of my knowledge TITLE Distingentiation above is true and complete to the best of my knowledge TITLE Distingentiation above is true above	e and belief. an DATE 05/17/2013 phillips.com PHONE: (432)688-9174 DATE 5-22-20 1.3
Spud Date: I hereby certify that the information-above is true and complete to the best of my knowledge SIGN ATURE TYPE or print name Rhonda Rogers Type or print name Rhonda Rogers For State Use Only APPROVED BY: Conditions of Approval: The Operater shall give the OCD District office 24 hours notice before work begins CONDITION OF 4	e and belief. anDATE 05/17/2013 phillips.comPHONE: (432)688-9174

## EVGBSA 3315-0507W API# 30-025-40032 Wag Injection Support Well

**Objective:** To isolate leak on BS of production csg. Observed well had 1285# on tbg & 635# on production csg. Bled off csg into truck & pressure went to 35# upon closing the valve on csg, the pressure returned to 635#. Shut well in.

## JOB PROPOSAL:

1 Review JSA. MI RU wire line and TIH and set plug in 1.875 XN nipple. RU pump truck to tubing and pressure test tubing to 1000 psi. If tubing test fails, close valve on tubing, RU pump truck to casing and pressure test casing/packer to 600 psi. Contact Production Specialist on results.

If tubing test failed and casing/packer test passed. Leave plug set in XN nipple. RD wire line. If tubing test passed and casing/packer test failed. TIH and retrieve plug. RD wire line. MO. MI WSU, review JSA, RU WSU, NDWH, NUBOP. If tubing test failed, J off on/off tool and COOH with tubing and upper section of on/off tool. Inspect top section of on/off tool for damaged shamrocks or wash out. Replace if needed. TIH with upper section of no/off tool and tubing, pressure test tubing GIH. Note: TIH and fish plug after RD WSU.

If the tubing tested ok and the packer/casing test failed, COOH with tubing, on/off tool and packer. TIH with bit, scrapper and tubing to 4848'. TOOH with tubing, scrapper and bit. TIH with RBP, packer and tubing. Set RBP@ 4000'. Pull up 1jt set packer and pressure test packer/ RBP to 550 psi. If test passes, RU pump truck to casing and pressure test casing/packer to 550 psi if test passes, release packer, GIH and retrieve RBP, COOH with tubing, packer and RBP.

5 If casing/packer test fails, release packer and come up hole and isolate leak. Once leak as been found, RU pump truck and establish an injection rate. Notify Aaron Montee for possible change in job scope.

After repairs are made or if no repairs were needed. TIH with packer, on/off tool and tubing, pressure test tubing GIH. Set packer @ +/- 4708', RU pump truck to casing and pressure test casing/packer to 550 psi. If test passes, get off on/off tool and circulate packer fluid to surface. Get back on on/off tool, NDBOP, NUWH. Notify NMOCD of impending test, RU chart recorder and pressure test casing/packer to 550 psi for 35 mins. Give chart to Production Specialist. Notify MSO Kerry Mackey to sign off on well. RD. Clean up location.