Submit 1 Capy To Appropriate District Office	ice State of The Market		Form C-103 Revised August 1, 2011
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District III – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 FEB 2 6 20 220 South St. Francis Dr.			WELL API NO. 30-025-40739
			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV – (505) 476-3460 Santa Fe, NM 87505			STATE X FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505 RECEIVED			
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 6-101) FOR SUCH			7. Lease Name or Unit Agreement Name Vacuum Glorieta East Unit Tract 19
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection Well			8. Well Number 33
2. Name of Operator ConocoPhillips Company			9. OGRID Number 217817
3. Address of Operator P. O. Box 51810 Midland, TX 79710			10. Pool name or Wildcat Vacuum; Glorieta
4. Well Location			
Unit Letter M: 968 Section 32	feet from the South Township 17S Ra	line and <u>733</u> ange \2 E	feet from the West line NMPM County Lea
	Elevation (Show whether DR,		7
3972' 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 WOR			K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON			_
DOWNHOLE COMMINGLE		,	-
OTHER:		OTHER: MIT	\boxtimes
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.			
This is to submit the MIT ran to 500#/60 mins - test good. Chart attached			
	•		•
			•
Spud Date:	Rig Release Da	ate:	
I hereby certify that the information above	is true and complete to the be	est of my knowledg	e and belief.
$(\lambda \lambda \lambda (0))$			
SIGNATURE CHONNEL DEFINITION TITLE Staff Regulatory Technician DATE 02/24/2014			
Type or print name Rhonda Rogers For State Use Only	E-mail address	s: rogerrs@conoco	phillips.com PHONE: (432)688-9174
APPROVED BY:	Accepted for Recor	d Only	DATE A
Conditions of Approval (if any):	MUS 3/3/	2014	
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