| Submit 1 Copy To Appropriate District Office * District I – (575) 393-6161 | | | Form C-103 Revised August 1, 2011 |
|---|---|--|--|
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 | | | WELL API NO. 30-025-02999 |
| 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 | OIL CONSERVAT | | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. Santa Fe, NM 87505 | | STATE X FEE 6. State Oil & Gas Lease No. |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | |
| SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPL PROPOSALS.) | | OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name EAST VACUUM GB-SA TRACT |
| 1. Type of Well: Oil Well | Gas Well Other INJECT | ION WELL | 8. Well Number ₀₁₈ |
| Name of Operator ConocoPhill | ips Company | HOBBS OCD | 9. OGRID Number 217817 |
| 3. Address of Operator P. O. Box Midland, | 51810 | MAR 17 2016 | 10. Pool name or Wildcat VACUUM; GB-SA |
| 4. Well Location | | | |
| | | | |
| Section 34 | Township 17S 11. Elevation (Show whether | Range 35E | |
| | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE | NTENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL | SUB: REMEDIAL WORI COMMENCE DRI CASING/CEMENT | LLING OPNS. P AND A |
| OTHER: | | OTHER: 5 YEAR | MIT |
| 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 CONDUCTED THE 5 YEAR MIT ON 2/12/16 TO 550#/32 MINS - TEST GOOD. CHART ATTACHED | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Spud Date: | Rig Releas | se Date: | A |
| | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| Thereby certify that the information | above is true and complete to t | ne best of my knowledge | G-B |
| SIGNATURE Short | TITLE St | aff Regulatory Technicia | n DATE 03/03/2016 |
| Type or print name Rhonda Rogers For State Use Only | E-mail ad | dress: rogerrs@conocor | phillips.com PHONE: (432)688-9174 |
| APPROVED BY: BUSE | mainal TITLE | Staff Man | bge DATE 3/29/16 |
| Conditions of Approval (if any): | IIILE_ | -[4] / //4/0 | DAIL . III |

