Submit 1 Copy To Appropriate District BBS OCD State of New Mexico	Form C-103
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 JUN 0 2 2016 CONSERVATION DIVISION	30-025-42714
811 S. First St., Artesia, NM 88210 District III - (505) 334-6178	5. Indicate Type of Lease STATE X FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505	B-1497
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 (GSA) UNIT
1. Type of Well: Oil Well Gas Well X Other INJECTION	8. Well Number 522
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 L : 2130 feet from the SOUTH line and 112	
Section 27 Township 17S Range 35E 11. Elevation (Show whether DR, RKB, RT, GR, etc.	NMPM County LEA
3940' 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. PANDA	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
OTHER: OTHER:	
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 respectfully seeks the approval to TA the well above for a period of up to five years. COP will run the MIT according to NMOCD rule 19.15.25.14 after logging the well and will submit results with the C-103 subsequent report.	
NMOCD CONDITIONS OF APPROVAL: Must notify OCD District	
Office 24 HOURS prior to running the TA Pressure Test	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.
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SIGNATURE WX WWY Degen TITLE Regulatory Associate	DATE_06/01/2016
Turne or print name Ashlau Darran	DUONE, (422)/00 (020
Type or print name <u>Ashley Bergen</u> E-mail address: <u>ashley.bergen@</u> For State Use Only	cop.com PHONE: (432)688-6938
Petroleum Engineer	06/02/2016
APPROVED BY:	DATE
Conditions of Approval (if any):	