Submit Copy To Appropriate District	State of New Mexico	Form C-103
Office District I = (575) 393-6161	y, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
Submit P Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88240 District III – (505) 334-6178 District III – (505) 334-6178		30-025-26579 5. Indicate Type of Lease
District II - (575) 748-1283 811 S. First St., Artesia, NM 88240 District III - (575) 748-1283 811 S. First St., Artesia, NM 88240 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87440 AR District IV - (505) 476-3460 12200 South St. Francis Dr. District IV - (505) 476-3460 12200 St. Formation Dr. Strict Factors Dr.		STATE X FEE
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874 10 A District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 2506		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
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 GB-SA UNIT
PROPOSALS.)		9 W-II Norther
1. Type of Well: Oil Well Gas Well Other INJ WELL		8. Well Number 001
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; GB-SA
4. Well Location		
Unit Letter B : 10 feet from the NORTH line and 1330 feet from the EAST line		
Section 29 Township 17S Range 35E NMPM County LEA		
11. Elevation (Show whether DR, RKB, RT, GR ₃ etc.)		
12 Charle Ammonist	Den to Indiante Notine of Notice	Dement on Othern Dete
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		
TEMPORARILY ABANDON CHANGE		
PULL OR ALTER CASING DOWNHOLE COMMINGLE		ГЈОВ
OTHER:		T MIT AND YEARLY BH TEST
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.		
2/21/17 CONOCOPHILLIPS COMPANY CONDUCTED THE 5 YEAR MIT TO 570#/32 MINS - TEST GOOD. CHART ATTACHED		
BRADENHEAD TEST ATTACHED		
Spud Date:	Rig Release Date:	
	Rig Release Date.	
I hereby certify that the information above is true	and complete to the best of my knowledge	e and belief.
NONATINE 24. O BR.		DATE 02/01/2015
SIGNATURE 2 honder de fus	TITLE Staff Regulatory Technicia	DATE 03/01/2017
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174		
For State Use Only		
Bard Bard Marthand Star		
APPROVED BY: Conditions of Approval (if any):		DATE 319117
Conditions of Approver (in any).		

