| Submit 1 Copy To Appropriate District Office | State of New Mexico | | | Form C-103 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|------------------------------------------------|
| <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natural Resources | | | Revised July 18, 2013 WELL API NO. |
| <u>District II</u> – (575) 748-1283 | OIL CONSERVATION DIVISION | | | 30-025-02909 |
| 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 | · · · · · · · · · · · · · · · | | | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. Santa Fe, NM 87505 | | | STATE FEE |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 | Santa 1 C, 14141 67303 | | | 6. State Oil & Gas Lease No. |
| CUDIDALLICA | ICES AND REPORTS OF | N 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. LISE "APPLICATION FOR PERMIT" (FORM C-PURPOR SLICH | | | | EAST VACUUM GB-SA UNIT |
| PROPOSALS.) | (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-PLOB SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJ WELL | | | TRACT 2801 8. Well Number 008 |
| | Gas Well Other INJ | WELL | COD | |
| 2. Name of Operator ConocoPhillips Company | | APR | 0 2 2019 | 9. OGRID Number 217817 |
| 3. Address of Operator | X 70710 | REC | EIVED | 10. Pool name or Wildcat |
| P. O. BOX 51810, MIDLAND, T. | X 79710 | | EIVED | VACUUM; GB-SA |
| 4. Well Location | | | | |
| Unit Letter M_: 660_ feet from the SOUTH_ line and 660_ feet from the _WEST line | | | | |
| | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| | | | | |
| 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.☐ P AND A ☐ CASING/CEMENT JOB ☐ | | | |
| PULL OR ALTER CASING | | | | |
| DOWNHOLE COMMINGLE | | | | |
| CLOSED-LOOP SYSTEM | | | OTHER S. MI | r 7A 🖂 |
| OTHER: | lated energtions (Clearly | | OTHER: 5 yr MIT | give pertinent dates, including estimated date |
| | | | | pletions: Attach wellbore diagram of |
| proposed completion or recompletion. | | | | |
| TA STATUS CONOCOPHILLIPS CONDUCTED THE 5 YR MIT ON 2/25/19 TO 560#/32 MINS – TEST GOOD. | | | | |
| CHART ATTACHED | | | | |
| | | | | |
| | | | | |
| This Approval of TA EXPIRES: 3/6/2/ | | | | |
| FINAL TA STATUS EXTENSION - | | | | |
| Well needs to be PLUGGED or RETURNED to PRODUCTION | | | | |
| BY THE DATE OFFICE ADDITION OF THE | | | | |
| BY THE DATE STATED ABOVE: | | | | |
| | | | | |
| | | | | |
| Spud Date: | Rig R | Release Date | : : | · |
| | | | ···· | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
| Thereby colorly that the information above is the complete to the obstrot my knowledge and collect. | | | | |
| $(\mathcal{A}_{\alpha}, \mathcal{A}_{\alpha})$ | | | | |
| SIGNATURE TITLE REG TECH DATE 3/26/19 | | | | |
| Type or print name RHONDA ROGERS E-mail address: rogerrs@conocophillips.com PHONE: 432-688-9174 | | | | |
| For State Use Only | | | | |
| APPROVED BY: Kerry Fisher TITLE Compliance Office A DATE 4-8-19 | | | | |
| Conditions of Approval (if any): | | | | |

