Submit Copy To Appropriate District Office	State of New Mex		Form C-10 Revised August 1, 20	
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St. Artesia, NM 88210 OIL CONSERVATION DIVISION		WELL API NO.	Ź	
		30-025-40737		
811 S. First St., Artesia, NM 88210 <u>District III</u> - (505) 334-6178 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 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	,	ļ	State on a day seaso ive.	
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			7. Lease Name or Unit Agreement Name VACUUM GLORIETA EAST UNIT 25	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJECTION			8. Well Number 32	
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	
4. Well Location		<u> </u>		
Unit Letter E: 169			feet from the WEST line	;
Section 32		nge 35E	NMPM County LEA	18 W
	1. Elevation (Show whether DR, 1968' GL	KKB, K1, GK, eic.) 		
12. Check App	propriate Box to Indicate Na	uture of Notice, I	Report or Other Data	
NOTICE OF INTE	NTION TO:	CUD	SEQUENT DEDODT OF	
NOTICE OF INTE	LUG AND ABANDON	REMEDIAL WORK	SEQUENT REPORT OF: C	٦
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL			_	ĺ
	IULTIPLE COMPL	CASING/CEMENT		-
DOWNHOLE COMMINGLE				
OTHER:		OTHER: FIRST U	SE SUNDRY X]
			give pertinent dates, including estimated d	ate
of starting any proposed work). proposed completion or recomp		. For Multiple Con	npletions: Attach wellbore diagram of	
FIRST USE SUNDRY:				
The following well was first injected on June 18, 2013.			HOBBS OCD	
			JUN 2 8 2013	
			3011 2 0 2013	
			RECEIVED	
		0 10	20020B	
P		A-16	10020-13	
Spud Date:	Rig Release Date	e:		
I hereby certify that the information above	ve is true and complete to the bes	st of my knowledge	and belief	
λ. I. Λ	(-)			
SIGNATURE (M)	TITLE Staff Re	gulatory Technicia	DATE 06/26/2013	
Type or print name Ashley Martin	E-mail address:	Ashley.Martin@c	onocophillips.cdthIONE: (432)688-6938	_
For State Use Only	/	4		
APPROVED BY: Conditions of Approved George	m TITLE DB	TMGZ	DATE - 2 - 2013	

JUL 0 2 2013