Submit 1 Copy To Appropriate District State of New Mexico Office			Form C-103	
District 1 – (575) 393-6161			Revised August 1, WELL API NO.	2011
District III – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 FFB 2 6 2014 1220 South St. Francis Dr.			30-025-26995	
1000 Die Dueree Dd. Agtee NIM 974 m			5. Indicate Type of Lease STATE X FEE	
District IV - (505) 476-3460 Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505 RECEIVED			B-1400-3	
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 Nat East Vacuum GB-SA Unit Fract 3315	ne
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection Well			8. Well Number 07	
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			Vacuum; Grayburg-San Andres	
Unit Letter O : 350	feet from the South	line and 1500	feet from the East	ļine
Section 33			NMPM County Lea	ed. Assert protection of control
11. El	evation (Show whether DR,	RKB, RT, GR, etc.)		
3730	UK			
12. Check Appropri	riate Box to Indicate Na	ature of Notice, R	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORL				
TEMPORARILY ABANDON				
DOWNHOLE COMMINGLE		o, tonto, ozmerti		
OTHER.		OTHER, ME		57
OTHER: 13. Describe proposed or completed operations.	erations. (Clearly state all p	OTHER: MIT ertinent details, and	give pertinent dates, including estimate	X d date
	E RULE 19.15.7.14 NMAC		pletions: Attach wellbore diagram of	
This is to submit the MIT ran to 500#/60 mins - test good. Chart attached				
	Ü			
Spud Date:	Rig Release Dat	e:		
I hereby certify that the information above is	true and complete to the bes	st of my knowledge	and belief.	
SIGNATURE Shorts Ox	TITLE Staff Re	gulatory Technician	DATE <u>02/24/2014</u>	
Type or print name Rhonda Rogers	E-mail address:	rogerrs@conocoph	illips.com PHONE: (432)688-917-	4
For State Use Only	Accorded to a			
APPROVED BY:	Accepted for Recon	d Only	DATE	1
Conditions of Approval (if any):	MUR 3/3/2	1014		The
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