Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised August 1, 2011 District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District  $\Pi = (575) 748-1283$ 30-025-30775 OIL CONSERVATION DIVISION 811 S.宇irst St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM B-1399-10 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name East Vacuum GB-SA Unit Tract 2913 (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.) Gas Well Other Injection Well OBBS OCD 8. Well Number 1. Type of Well: Oil Well 011 Name of Operator ConocoPhillips Company 9. OGRID Number 217817 3. Address of Operatorp O. Box 51810 Midland, TX 79710 10. Pool name or Wildcat Vacuum; GB/SA RECEIVED 4. Well Location Unit Letter O : 130 feet from the South line and 1400 feet from the East line Township 17S County Lea Section 29 Range 35E **NMPM** 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3965' Gr 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING □ CHANGE PLANS **TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: OTHER: 5 year MIT 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 Company is submiting the 5 year MIT ran to 560#/32 mins- test good. Chart attached. Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Staff Regulatory Technician DATE 08/08/2014 Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174 For State Use Only Staff Wanager DATE 8/14/2014 TITLE FOR RECORD ONLY AUG 2 0 2014 Conditions of Approval (if any):

