| Submit One Copy To Appropriate District  | State of New Me                     | exico                            | Form C-103  |  |
|--|-------------------------------------|----------------------------------|---|--|
| Office<br>District I   | Energy, Minerals and Natu           | ral Resources                    | Revised August 1, 2011 WELL API NO.                         |  |
| 1625 N. French Dr., Hobbs, NM 88240  District II Strict St. Grand Ave. Astonic NIM OIL CONSERVATION DIVISION   |                                     |                                  | 30-025-02877  |  |
| 811 S. First St., Grand Ave., Artesia, NM 88210  1220 South St. Francis Dr.  |                                     | 5. Indicate Type of Lease        |   |  |
| District III<br>1000 Rio Brazos Rd., Aztec, NM 87410   | Santa Fe, NM 87                     |                                  | STATE X FEE   |  |
| District IV  |                                     |                                  | o. Glate on a Gas Belise 110.                               |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   | ·                                   |                                  | B=1608  |  |
|  | ES AND REPORTS ON WELLS             |                                  | Lease Name or Unit Agreement Name<br>East Vacuum GB-SA Unit |  |
| (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) 1885  |                                     |                                  | Tract 2631  |  |
| PROPOSALS.)  |                                     |                                  | 8. Well Number 22   |  |
| 2 Name of Operator 1111 9 A 2014   |                                     |                                  | 9. OGRID Number 217817                                      |  |
|  |                                     |                                  |   |  |
| 3. Address of Operator P. O. Box 51810 Midland, TX 79710  RECEIVED   |                                     |                                  | 10. Pool name or Wildcat Vacuum; GB-SA                      |  |
| 4. Well Location   |                                     |                                  |   |  |
| Unit Letter L: 1980' feet from the S line and 660' feet from the W line  |                                     |                                  |   |  |
|  | 11. Elevation (Show whether DR.     |                                  |   |  |
|  | 3919' GL                            | TREE, RI, OI, C/C                |   |  |
| 12. Check Appropriate Box to I   | ndicate Nature of Notice, Re        | eport or Other I                 | Data  |  |
| NOTICE OF INT  | ENTION TO                           | l SUE                            | SSEQUENT REPORT OF:   |  |
|  | PLUG AND ABANDON                    | REMEDIAL WOR                     | 1   |  |
| <u> </u>   | CHANGE PLANS                        | 1                                | ILLING OPNS. P AND A  |  |
| PULL OR ALTER CASING   | MULTIPLE COMPL                      | CASING/CEMEN                     | 17 JOB [] 3-28-11   |  |
| OTHER:   |                                     |                                  | eady for OCD inspection after P&A                           |  |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  |                                     |                                  |   |  |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.    X   A steel marker at least 4" in diameter and at least 4" above ground level has been set in concrete. It shows the  |                                     |                                  |   |  |
|  |                                     |                                  |   |  |
| <u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u><br>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. <u>All INFORMATION HAS BEEN WELDED OR</u>   |                                     |                                  |   |  |
| PERMANENTLY STAMPED ON THE MARKER'S SURFACE.   |                                     |                                  |   |  |
| N/I The leasting has been been been been been been been bee  |                                     | and nouterwand had               | hoon planted of all limb treats flow lines and              |  |
| The location has been leveled as reother production equipment.   | early as possible to original groun | nd contour and has               | been cleared of all junk, trash, flow lines and             |  |
| Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  |                                     |                                  |   |  |
| If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed  |                                     |                                  |   |  |
| from lease and well location.  | or a pit perinit and crosure plan.  | An now mics, proc                | raction equipment and junk have been temoved                |  |
|  | have been removed. Portable ba      | ses have been remo               | oved. (Poured onsite concrete bases do not have             |  |
| to be removed.)  All other environmental concerns have been addressed as per OCD rules.  |                                     |                                  |   |  |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-   |                                     |                                  |   |  |
| retrieved flow lines and pipelines.    X   Lean County Electric Coop h   | L                                   | 1                                |   |  |
| X Lean County Electric Coop h<br>When all work has been completed, ret   | urn this form to the appropriate I  | ooies.<br>District office to sch | nedule an inspection.                                       |  |
|  |                                     |                                  | •   |  |
| SIGNATURE Monde  | TITLE Sta                           | aff Regulatory Tec               | bnician DATE 06/19/2014                                     |  |
| TVDE OD DDINT NAME Dhanda Da   | C MAIL.                             | rogerrs@conocop                  | hilling com PHONE: (427)400 0124                            |  |
| TYPE OR PRINT NAME Rhonda Ro<br>For State Use Only   | SCIS - D-IVIAIL:                    |                                  |   |  |
| N- 0 /:  | Kitale TITIE                        | our liams                        | Officer DATE 08-28-2014                                     |  |
| APPROVED BY: Conditions of Approval (if any):  | IIILE C                             |                                  | Officer DATE 06-28-2014                                     |  |
| A STATE OF THE STA | ·                                   |                                  | Pw D  |  |
|  |                                     | -                                | AUG 2 9 2014  |  |
| •  |                                     |                                  | <i>)</i>  |  |

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| Submit I Copy To Appropriate District Office   | State of New Mexico  | Form C-103<br>Revised August 1, 2011        |  |  |
| <u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283  | Energy, Minerals and Natural Resources   | WELL API NO.                                |  |  |
| 811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION  | 5. Indicate Type of Lease                   |  |  |
| District III – (505) 334-6178 1220 South St. Francis Dr.   |  | STATE X FEE                                 |  |  |
| <u>District IV</u> - (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505  | Santa Fe, NM 87505   | 6. State Oil & Gas Lease No.                |  |  |
| P  | ES AND REPORTS ON WELLS  | 7. Lease Name or Unit Agreement Name        |  |  |
| (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)   | Multi Wells  |   |  |  |
| 1 Type of Well: Oil Well X G   | 8. Well Number   |   |  |  |
| Name of Operator ConocoPhillips  | 9. OGRID Number 217817   |   |  |  |
| 3. Address of Operator P. O. Box 518   | 10   | 10. Pool name or Wildcat                    |  |  |
| Midland, TX  | 79710 RECEIVED   |   |  |  |
| 4. Well Location   | <del></del>  |   |  |  |
| Unit Letter :  | feet from the line and Township Range  |   |  |  |
| Section  | 11. Elevation (Show whether DR, RKB, RT, GR, etc.  |   |  |  |
| (1)  | The second to th |   |  |  |
| 12. Check Ap   | propriate Box to Indicate Nature of Notice   | , Report or Other Data                      |  |  |
| NOTICE OF INTI   |  | BSEQUENT REPORT OF                          |  |  |
|  | PLUG AND ABANDON REMEDIAL WO   |   |  |  |
|  |  | RILLING OPNS P AND A                        |  |  |
|  | MULTIPLE COMPL   CASING/CEME   | NT JOB                                      |  |  |
| DOWNHOLE COMMINGLE   |  | •   |  |  |
| OTHER:   | OTHER: request   | for removal of electric poles and DCP meteX |  |  |
| 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.  |  |   |  |  |
| Devon State 01 API #30-025-24731   | V  |   |  |  |
| Lea County Electric notified to remove electric poles from these locations on June 9, 2014 and Lea County Electrics response on June   |  |   |  |  |
| 10, 2014<br>EVGBSA 2658-11 API #30-025-0 <b>27</b> 75 VAU 6-59 API #30-025-03061   |  |   |  |  |
| EVGBSA 2631-22 API #30-025-02877 VGEU 01-13 API #30-025-32364  |  |   |  |  |
| EVGBSA 2648-23 API#30-025-02787 VGEU 34-1 API #30-025-20746 VGEU 20-1 API #30-025-21352  |  |   |  |  |
| Lea 19 API #30-025-02149       VGEU 20-1 API #30-025-21352         Lea 31 API #30-025-21728       VGEU 35-2 API #30-025-20867  |  |   |  |  |
| Phillips E State 13 API #30-025-23458  |  |   |  |  |
| fre organd Well #  |  |   |  |  |
|  |  |   |  |  |
| C. J.D.  | Die Delage Dete  |   |  |  |
| Spud Date:   | Rig Release Date:  |   |  |  |
|  |  |   |  |  |
| I hereby certify that the information ab   | ove is true and complete to the best of my knowled   | lge and belief.                             |  |  |
|  |  |   |  |  |
| SIGNATURE Chancel  | TITLE Staff Regulatory Technic   | DATE 07/25/2014                             |  |  |
| Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174   |  |   |  |  |
| For State Use Only   |  |   |  |  |
| APPROVED BY: 1 Conditions of Approval (if any):  |  |   |  |  |
| Conditions of Approval (II ally):  | ·  |   |  |  |

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