

Submit One Copy To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Grand Ave., Artesia, NM  
88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised August 1, 2011

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-02878</b>																
1. Type of Well: <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>																
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No. <b>B-2131</b>																
3. Address of Operator P. O. Box 51810 Midland, TX 79710		7. Lease Name or Unit Agreement Name <b>East Vacuum GB-SA Unit</b> <b>Tract 2648</b>																
4. Well Location Unit Letter <b>M</b> : <b>660'</b> feet from the <b>S</b> line and <b>660'</b> feet from the <b>W</b> line Section <b>26</b> Township <b>17S</b> Range <b>35E</b> NMPM <b>Lea</b> County <b>Lea</b>		8. Well Number <b>23</b>																
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3913' GL</b>		9. OGRID Number <b>217817</b>																
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data																		
<table border="0"><tr><td colspan="2"><b>NOTICE OF INTENTION TO:</b></td><td colspan="2"><b>SUBSEQUENT REPORT OF:</b></td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>PLUG AND ABANDON <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td><td>ALTERING CASING <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td><td>P AND A <input checked="" type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td>MULTIPLE COMPL <input type="checkbox"/></td><td>CASING/CEMENT JOB <input type="checkbox"/></td><td></td></tr></table>			<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
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PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>																
OTHER: <input type="checkbox"/> <input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A																		
<input checked="" type="checkbox"/> All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.																		
<input checked="" type="checkbox"/> Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.																		
<input checked="" type="checkbox"/> A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the																		

**OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.**

- ☒ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
- ☒ 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.
- ☒ All metal bolts and other materials have been removed. Portable bases have been removed. (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.
- ☒ **Lean County Electric Coop has been notified to remove poles.**
- When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE Rhonda Rogers TITLE Staff Regulatory Technician DATE 06/19/2014

TYPE OR PRINT NAME Rhonda Rogers E-MAIL: rogers@conocophillips.com PHONE: (432)688-9174  
For State Use Only

APPROVED BY: Mark Whitaker TITLE Compliance Officer DATE 8-28-2014  
Conditions of Approval (if any):

AUG 29 2014

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

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Revised August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
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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.)		WELL API NO.
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> <b>HOBBS OCD</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 51810 Midland, TX 79710		7. Lease Name or Unit Agreement Name Multi Wells
4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section _____ Township _____ Range _____ NMPM _____ County _____		8. Well Number
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 217817
		10. Pool name or Wildcat

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: request for removal of electric poles and DCP met ☒

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 ✓

Lea County Electric notified to remove electric poles from these locations on June 9, 2014 and Lea County Electrics response on June 10, 2014

EVGBSA 2658-11 API #30-025-02875 ✓

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 ✓

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 ✓

Pre-Original Well #4

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rhonda Rogers TITLE Staff Regulatory Technician DATE 07/25/2014

Type or print name Rhonda Rogers E-mail address: rogers@conocophillips.com PHONE: (432)688-9174

For State Use Only

APPROVED BY: Mary S. Brown TITLE Dist. Supervisor DATE 7/29/2014

Conditions of Approval (if any):