Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Revised August 1, 2011 Energy, Minerals and Natural Resources 575) 393-6161 (575) <u>خ</u> WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-26862 District II - (575) 748-1283 OIL CONSERVATION DIVISION 811 S. First 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 6. State Oil & Gas Lease No. <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUGOSES TO DD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH East Vacuum GB-SA Unit Tract 3127 8. Well Number 1. Type of Well: Oil Well Gas Well X Other Injection 005W 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 RECEIVED Vauum: GB-SA 4. Well Location : 10 feet from the East Unit Letter P feet from the South line and 10 line Section 31 Township 17S Range 35E **NMPM** County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3967' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ALTERING CASING □ PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK □ **CHANGE PLANS** П COMMENCE DRILLING OPNS. □ P AND A **TEMPORARILY ABANDON PULL OR ALTER CASING** MULTIPLE COMPL CASING/CEMENT JOB Π, 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 ran the 5 year MIT to 320/32 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 SIGNATURE DATE 10/09/2014 E-mail address: rogerrs@conocophillips.com Type or print name Rhonda Rogers PHONE: (432)688-9174 For State Use Only

Conditions of Approval (if any):

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