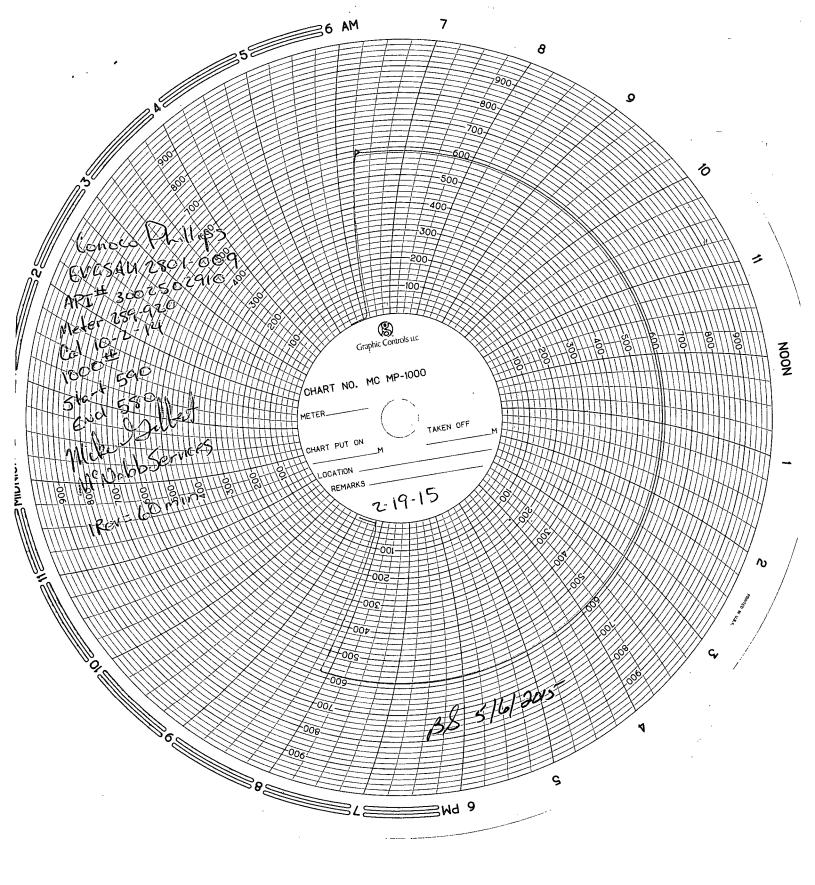
| Submit 1 Copy To Appropriate District<br>Office<br>District I – (575) 393-6161   | Energy, Minerals and Natural Resources<br>bs, NM 88240<br>R3<br>NM 88210<br>OIL CONSERVATION DIVISION |                              | Form C-103<br>Revised August 1, 2011   |
|--|---|------------------------------|--|
| $\frac{District 1}{1625 \text{ N. French } \text{Pr., Hobbs, NM 88240}}$<br>District 11 $\pm$ (575) 748-1283   |   |                              | WELL API NO  |
| 811 S. First St., Artesia, NM 88210<br>District III – (505) 334-6178   |   |                              | 5. Indicate Type of Lease<br>STATE X FEE                                     |
| 1000 Rio Brazos Rd., Aztec, NM 87410         Santa Fe, NM 87505           District IV - (505) 476-3460         Santa Fe, NM 87505  |   | 6. State Oil & Gas Lease No. |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |   |                              | A-1320   |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH<br>PROPOSALS.)   |   |                              | 7. Lease Name or Unit Agreement Name<br>East Vacuum GB-SA Unit<br>Tract 2801 |
| 1. Type of Well: Oil Well Gas Well Other Injection Well  |   |                              | 8. Well Number 009   |
|  | ips Company 🦯   | APR 2 1 2015                 | 9. OGRID Number 217817   |
| 3. Address of Operator P. O. Box<br>Midland,   | 51810<br>FX 79710   |                              | 10. Pool name or Wildcat<br>Vacuum; GB-SA                                    |
| 4. Well Location   |   | RECEIVED                     | Vacuum, OB-SA  |
| Unit Letter N : 660 feet from the South line and 1992 feet from the West line  |   |                              |  |
| Section 28         Township 17S         Range 35E         NMPM         County Lea           11. Elevation (Show whether DR, RKB, RT, GR, etc.)         11. Elevation (Show whether DR, RKB, RT, GR, etc.)         11. Elevation (Show whether DR, RKB, RT, GR, etc.) |   |                              |  |
|  | 3945' GR  | er DR, RKB, RT, GR, etc.)    |  |
|  |   |                              |  |
| 12. Check  | Appropriate Box to Indic  | ate Nature of Notice,        | Report or Other Data   |
|  | NTENTION TO:  |                              | SEQUENT REPORT OF:   |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK TEMPORARILY ABANDON  CHANGE PLANS COMMENCE DRIL   |   |                              |  |
| TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB   |   |                              | — — —  |
|  |   |                              |  |
| OTHER:   | Г   | OTHER: 5 year M              | т Х  |
| 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 has conducted the 5 year MIT on 2/19/15 to 590#/32 mins - test good   |   |                              |  |
| chart attached   |   |                              |  |
|  |   |                              |  |
|  |   |                              |  |
|  |   |                              |  |
|  |   |                              |  |
|  |   |                              |  |
| :  |   |                              |  |
|  |   |                              |  |
| Spud Date:   | Rig Rele  | ase Date:                    |  |
| •  |   |                              | · · · · · · · · · · · · · · · · · · ·  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |   |                              |  |
| Thereby certify that the information   |   | the best of hig knowledge    |  |
| SIGNATURE Change TITLE Staff Regulatory Technician DATE 04/06/2015   |   |                              |  |
| Type or print name <u>Rhonda Rogers</u> <i>O</i> E-mail address: <u>rogerrs@conocophillips.com</u> PHONE: <u>(432)688-9174</u><br><u>For State Use Only</u>  |   |                              |  |
| APPROVED BY: Bill Sonnamak TITLE Staff Manage DATE 5/6/2015<br>Conditions of Approval (if any):  |   |                              |  |
| MAY 0 8 2015' & m  |   |                              |  |



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