Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office . Revised August 1, 2011 District I - (575) 393-6161 Energy, Minerals and Natural Resources WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283 30-025-26383 **OIL CONSERVATION DIVISION** 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease <u>District III</u> - (505) 334-6178 1220 South St. Francis Dr. STATE X 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM A-1320 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name East Vacuum GB-SA (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Tract 2801 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH Gas Well Other Injection Well OBBS OCD PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well 006 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 Vacuum; GB-SA 4. Well Location Unit Letter J : 2630 feet from the South line and 1330 feet from the East line Section 28 Township 17S Range 35E **NMPM** County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3943' 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 □ COMMENCE DRILLING OPNS.□ **TEMPORARILY ABANDON CHANGE PLANS** P AND A П PULL OR ALTER CASING  $\Box$ MULTIPLE COMPL CASING/CEMENT JOB П 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 on 2/17/2015 to 600#/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 04/02/2015 Type or print name Rhonda Rogers PHONE: (432)688-9174 E-mail address: rogerrs@conocophillips.com For State Use Only Staff Manager APPROVED BY: Conditions of Approval (if any):

