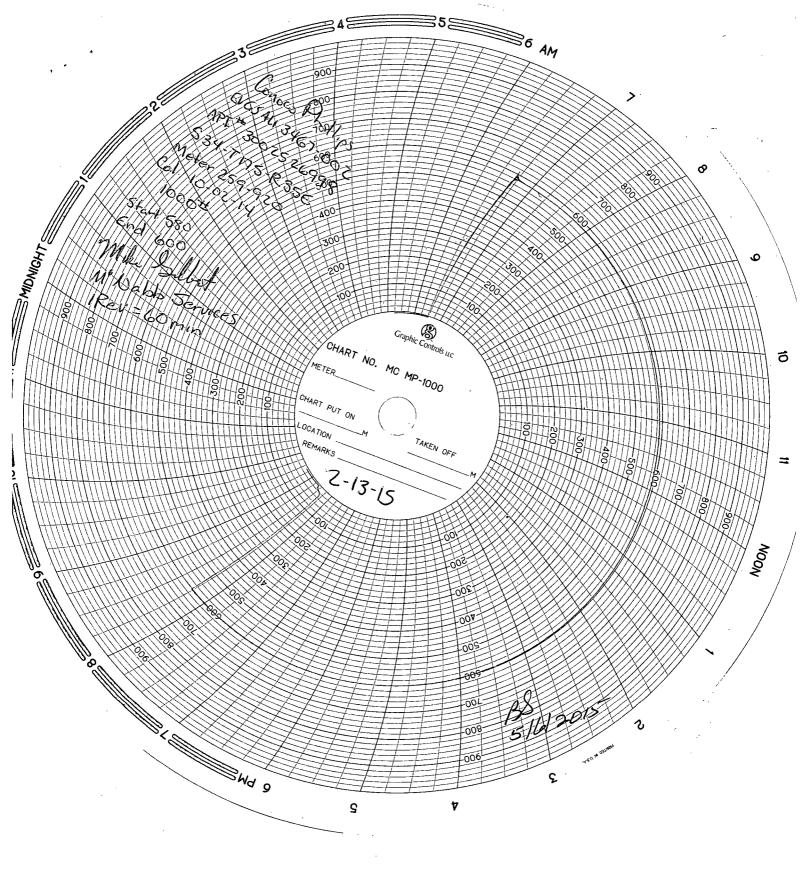
Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103		
District 1 - (575) 393-6161	Energy, Minerals and Natural Resources			WELL API NO.	Revised August	: 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION			30-	025-26998	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.			5. Indicate Type of I		
1000 Rio Brazos Rd., Aztec. NM 87410 District IV – (505) 476-3460  Santa Fe, NM 87505			STATE X  6. State Oil & Gas L	FEE .ease No		
1220 S. St. Francis Dr., Santa Fe, NM 87505				B-2519		
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Un East Vacuum GB-SA Tract 3467	nit Agreement I Unit	Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				0 10 11 1		-
1. Type of Well: Oil Well Gas Well Other Injection Well				9. OGRID Number	02	
2. Name of Operator ConocoPhillips Company APR 2 1 2015					217817	
3. Address of Operator P. O. Box 51810			RECEIVED	10. Pool name or Will Vacuum; GB-SA	ldcat	
4. Well Location	-					
	2300 feet from the N		line and 1250			line
Section 34	Township 17S  11. Elevation (Show when		inge 35E		County Lea	
	3923' GL	iner DK,	AAD, AT, OA, etc.)			
	XI					
	Appropriate Box to Ind	icate N			•	
NOTICE OF INTENTION TO: SUBSPERSORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				SEQUENT REPO		uc 🗆
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII				***************************************	TERING CASII AND A	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT				_		
DOWNHOLE COMMINGLE						
OTHER:			OTHER: 5 year M	IT		$\boxtimes$
13. Describe proposed or comp of starting any proposed we proposed completion or rec	ork). SEE RULE 19.15.7.14		pertinent details, and	d give pertinent dates, i		
ConocoPhillips Company charted	•	to 580#	/35 mins - test good	I.		
Chart attached						
				•		
			·			
Spud Date:	Rig Re	lease Da	ite:			
Spud Date.	Mig Ne	icase isa				
I hereby certify that the information	above is true and complete	to the be	est of my knowledge	e and belief.		
( ) ( )	$\supset$					
SIGNATURE Change	TITLE	E Staff R	egulatory Technicia	n DATE	E_03/26/2015	
Tuna or print nama Phonda Pogars	F-mail	l address	: rogerrs@conocop	shilling com PHON	VE: (432)688-9	174
Type or print name Rhonda Rogers For State Use Only	C-man	i addi CSS	. Iogensugeonocot	minps.com 1110N	12. <u>(732)000-9</u>	1/7
Rap	SannamakTITLE	_<	toff was	agaDATE	51412	· · · ·
APPROVED BY: Conditions of Approval (if any):	John Charles		IN TITAL	DATE	مد ہی ر	
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