| Submit 1 Copy To Appropriate District Office* | State of New Me | exico | Form C-103 |
|--|--|----------------------|---|
| District I - (575) 393-6161 | Energy, Minerals and Natural Resources | | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 | | | WELL API NO. 30-025- 42103 42104 |
| 811 S. First St., Artesia, NM 88210 | First St., Artesia, NM 88210 OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease |
| <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE FEE |
| <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 8 | 7505 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | A-1320-9 |
| 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 SUCESS OCD | | | 7. Lease Name or Unit Agreement Name Vacuum Glorieta East Unit |
| PROPOSALS.) 1. Type of Well: Oil Well | Gas Well Other | | 8. Well Number 114H |
| 2. Name of Operator | | | 9. OGRID Number |
| ConocoPhillips Company | | | 217817 |
| 3. Address of Operator | 20.6 H TV 77070 | RECEIVED | 10. Pool name or Wildcat |
| Vacuum, Giorieta | | | |
| 4. Well Location | | | |
| Unit Letter L | : 1896 feet from the Sou | | 28 feet from the West line |
| Section 27 | Township 17S | Range 35E | NMPM LEA County |
| | 11. Elevation (Show whether DR 3940' GL | , KKB, K1, GR, etc., | / |
| | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| | | | |
| | NTENTION TO: | | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | | REMEDIAL WOR | |
| TEMPORARILY ABANDON PULL OR ALTER CASING | <u> </u> | COMMENCE DRI | <u> </u> |
| DOWNHOLE COMMINGLE | | CASING/CEWEN | 1 306 |
| CLOSED-LOOP SYSTEM | | | |
| OTHER: | <u> </u> | OTHER: | |
| 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 respectfully requests approval of these changes to an approved plan. We plan to drill the well to 6100' TVD/ | | | |
| 9325' MD. Our bottom-hole location has been adjusted, along with our directional plan. We plan to use an alternate rig, so the BOP | | | |
| equipment has changed to Shaffer manufacturer; testing the annular to 70% of working pressure. Attached are the following documents. | | | |
| - C-102 package | | | |
| - Revised directional well plan | | | |
| - Revised wellbore schematic (includes changes to casing set depth and increases sacks of cement planned) | | | |
| - H2S Contingency Plan | | | |
| | | | |
| | | | |
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| | | | |
| Saud Data: 08/27/15 | ni- n-l n | | |
| Spud Date: 08/27/13 | Rig Release Da | ate: | |
| - | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| r never before that the information above is true and complete to the best of my knowledge and benefit. | | | |
| Sura D. Sm. Ind | | | |
| SIGNATURE Maunder TITLE Sr. Regulatory Specialist DATE 7/14/15 | | | |
| Time an agint name Cusen D. Maunday E. mail addresser Cusen D. Maunday Courses D. DUONE, 201, 204, 204 | | | |
| Type or print name Susan B. Maunder E-mail address: Susan B. Maunder@cop.com PHONE: 281-206-5281 For State Use Only | | | |
| | | | |
| APPROVED BY: | | | |
| Conditions of Approval (if any): | | | |