Submit 1 Copy To Appropriate District Office	y To Appropriate District State of New Mexico			Form C-103
[•] District I - (575) 393-6161	Energy, Minerals and Natu	ural Resources		evised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025	27210
District II ₆ - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Leas	
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran		STATE X	FEE 🔲 🗸
District IV - (505) 476-3460	Santa Fe, NM 8'	7505	6. State Oil & Gas Lease	e No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			311	72
SUNDRY NOTI	CES AND REPORTS ON WELLS	5	7. Lease Name or Unit A	Agreement Name
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC	ATION FOR PERMIT" (FORM C-101) FOR	OR SUCH	EAST VACUUM GB-SA TRACT 2947	 ✓
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well C Other INJECTION	WELD OCY	8. Well Number 001	
2. Name of Operator	Gas Well Other INJECTION	BBS	9. OGRID Number	
ConocoPhillip	os Company	- 016	217	/817
3. Address of Operator p. O. Box 5	1810	MAR 17 2010	10. Pool name or Wildes VACUUM; GB-SA feet from the E	at
Midland, T	X /9/10	CENE	VACUUM; GB-SA	
4. Well Location	1500 Contende NODILI	RECL	Cont Const the T	ACT L'
	1500 feet from the <u>NORTH</u>			/
Section 29	Township 17SRa11. Elevation (Show whether DR	ange 35E		nty LEA 🖌
	11. Lievation (Show whether DA	, $\mathbf{R}\mathbf{L}\mathbf{D}$, $\mathbf{R}\mathbf{I}$, $\mathbf{O}\mathbf{R}$, $\mathbf{etc.}$		
	-			
12. Check A	Appropriate Box to Indicate N	lature of Notice,	Report or Other Data	
	PLUG AND ABANDON	REMEDIAL WOR	SEQUENT REPORT	IOF: RING CASING □
PERFORM REMEDIAL WORK	COMMENCE DRI			
	CHANGE PLANS	CASING/CEMEN		
OTHER:		OTHER: 5 YEAR		X
	leted operations. (Clearly state all j rk). SEE RULE 19.15.7.14 NMAC completion.			
	CONDUCTED THE 5 YEAR MI	T ON 2/11/16 TO 5	80#/32 MINS - TEST GO	OD.
CHART ATTACHED		1 011 2/11/10 10 3		
Spud Date:	Rig Release Da	ate:		
1				
I hereby certify that the information a	above is true and complete to the b	est of my knowledge	e and belief.	G-B
\bigcap				OL
SIGNATURE Thomas	TITLE Staffe	Regulatory Technicia	an DATE	
SIGNATURE A OVER	IIILE SIAII R	regulatory reclinicit	DATE	
Type or print name Rhonda Rogers	E-mail address	s: rogerrs@conocog	phillips.com PHONE:	(432)688-9174
For State Use Only				
Ronda.	wamah TITLE ST	hff Mana		3120/11
APPROVED BY: Conditions of Approval (if any):	Transin IIILE of	VIANA	Jr DATE	3/29/16
Conditions of Approval (It ally).				1

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