Submit 1 Copy To Appropriate District Office	State of New N	Mexico	Form C-103	
District I - (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION		30-025-3	2058
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		STATE X F	FEE VO.
1220 S. St. Francis Dr., Santa Fe, NM 87505				1172
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 SUCH			7. Lease Name or Unit Ag EAST VACUUM GB-SA U TRACT 2721	reement Name
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other INJECTION WELL			8. Well Number 003	/
2. Name of Operator ConocoPhillips Company			9. OGRID Number	17
3. Address of Operator P. O. Box 5 Midland, T.	1810 K 79710	MAR 1 7 2016	10. Pool name or Wildcat VACUUM; GB-SA	
4. Well Location		RECEIVED		nom ti
Unit Letter N : 0 Section 27	feet from the SOUTH Township 17S			. /
Section 27	11. Elevation (Show whether D	Range 35E DR, RKB, RT, GR, etc.)		LEA
12 Check A	ppropriate Box to Indicate	Nature of Notice	Report or Other Data	
			SEQUENT REPORT	OE:
NOTICE OF INTENTION TO: SUBS			The second secon	OF. NG CASING □
TEMPORARILY ABANDON   CHANGE PLANS  COMMENCE DRI				Α 🗆
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN' DOWNHOLE COMMINGLE			T JOB	
DOWNHOLE COMMINGLE				
OTHER:  13. Describe proposed or compl	atad aparations (Classic state of	OTHER: 5 YEAR		ing astimated data
	rk). SEE RULE 19.15.7.14 NM			
CONOCOPHILLIPS COMPANY CHART ATTACHED	CONDUCTED THE 5 YEAR M	MIT ON 2/15/16 TO 5	60#/32 MINS - TEST GOOI	D.
CHART III THORES				
Spud Date:	Rig Release I	Date:		
I hereby certify that the information a	bove is true and complete to the	best of my knowledge	e and belief.	KH
DA (0				, , ,
SIGNATURE Shanes	TITLE Staff	Regulatory Technicia	DATE 03/0	3/2016
Type or print name Rhonda Rogers For State Use Only	E-mail addre	ess: rogerrs@conocop	ohillips.com PHONE: (4	32)688-9174
APPROVED BY: Bel Son	namah TITLE	STUPE Man	DATE 3	129/16
Conditions of Approval (if any):			M	IAR 3 0 2016
				JIV.

