| ,  |   |                                |  |                       |          |
|--|---|--------------------------------|--|-----------------------|----------|
| Submit One Copy To Appropriate District Office   | Energy, Minerals and Natural Resources  St., Grand Ave., Artesia, NM  OIL CONSERVATION DIVISION  1220 South St. Francis Dr. |                                | Form C-103   |                       |          |
| District I   |   |                                | Revised August 1, 2011 WELL API NO.  |                       |          |
| District II  |   |                                | 30-025-20787   |                       |          |
| 811 S. First St., Grand Ave., Artesia, NM 88210  |   |                                | 5. Indicate Type of I STATE X  | Lease<br>FEE          | ,        |
| <u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410  |   |                                | 6. State Oil & Gas Lease No.   |                       |          |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM   |   |                                |  |                       |          |
| 87505  |   |                                | B-2073   |                       |          |
| 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 PROPOSALS.)  1. Type of Well: \( \sqrt{O} \) Oil Well \( \sqrt{G} \) Gas Well \( \sqrt{O} \) Other  |   |                                | 7. Lease Name or Unit Agreement Name<br>EAST VACUUM GB-SA UNIT<br>TRACT 0546 |                       |          |
|  |   |                                | 8. Well Number   | 093                   | ,        |
| 2. Name of Operator ConocoPhill  | ips Company .   | APR 1 1 2016                   | 9. OGRID Number  | 217817                | 1        |
| 3. Address of Operator P. O. Box 51  |   | RECEIVED                       | 10. Pool name or Wi<br>VACUUM; GB-SA   | ldcat                 |          |
| 4. Well Location   |   |                                |  |                       | 1        |
| Unit Letter G: 1650 feet from the NORTithe and 2285 feet from the EASTline   |   |                                |  |                       |          |
| Section 5 Township 18S Range 35E NMPM County LEA  11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |   |                                |  |                       |          |
| 3955' GL   |   |                                |  |                       |          |
| 12. Check Appropriate Box to I   | ndicate Nature of Not   | tice, Report or Other D        | ata  |                       |          |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING  |   |                                |  |                       |          |
| A THE PARTY OF THE |   | TERING CASING                  | ]<br>] ∏ .   |                       |          |
|  |   | COMMENCE DRI                   |  |                       | , ,      |
| OTHER:   |   | □ ⊠ Location is re             | andy for OCD inspection  | on after P&A          | thi      |
| OTHER:   |   |                                |  |                       |          |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  A steel marker at least 4" in diameter and at least 4" above ground level has been set in concrete. It shows the  |   |                                |  |                       |          |
| A steel marker at least 4" in diame  | eter and at least 4° above §  | ground level has been set in   | concrete. It snows the   |                       |          |
| OPERATOR NAME, LEAS  |   |                                |  |                       | <u>R</u> |
| UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.   |   |                                |  |                       |          |
|  |   |                                |  |                       |          |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.   |   |                                |  |                       |          |
| Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  |   |                                |  |                       |          |
| If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed  |   |                                |  |                       |          |
| from lease and well location.  |   |                                |  |                       |          |
| All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)   |   |                                |  |                       |          |
| All other environmental concerns have been addressed as per OCD rules.   |   |                                |  |                       |          |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-   |   |                                |  |                       |          |
| retrieved flow lines and pipelines.  |   |                                |  |                       |          |
| When all work has been completed, ret  | urn this form to the appro  | priate District office to scho | edule an inspection.   |                       |          |
| (  | J_,   |                                |  |                       |          |
| SIGNATURE OF SIGNATURE   | vers Tr   | TLE Staff Regulatory Tech      | nician DA  | TE <u>03/31/2016</u>  |          |
| TYPE OR PRINT NAME Rhonda Ros  | gers E-   | MAIL: rogerrs@conocoph         | nillips.com PHO  | NE: <u>(432)688-9</u> | 174      |
| For State Use Only   |   |                                |  |                       |          |
| APPROVED BY: DATE 4-19-2016 Conditions of Approval (if any):   |   |                                |  |                       |          |
| conditions of ripprovide (it uity).  |   |                                |  |                       |          |