Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
<u>District I</u> - (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
* 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	OIL CONSERVATION DIVISION	30-025-26777
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION 2 2011220 South St. Francis Dr. Santa Fe, NM 87505	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE X FEE
<u>District IV</u> – (505) 476-3460 MAIN 1220 S. St. Francis Dr., Santa Fe, NM	ENE Panta I C, INVI 67505	6. State Oil & Gas Lease No.
87505	AND REPORTS ON WELLS	B-1497 7. Lease Name or Unit Agreement Name
	TO DRILL OR TO DEEPEN OR PLUG BACK TO A	EAST VACUUM GB-SA UNIT
DIFFERENT RESERVOIR. USE "APPLICATIO PROPOSALS.)	ON FOR PERMIT" (FORM C-101) FOR SUCH	TRACT 2721
1. Type of Well: Oil Well Gas Well Other INJ WELL		8. Well Number 001
2. Name of Operator ConocoPhillips Co	ompany	9. OGRID Number
3. Address of Operator <sub>P. O. Box 51810</sub>		217817 - 10. Pool name or Wildcat
Midland, TX 79	9710	VACUUM; GB-SA
4. Well Location	-	Theoon, ob on
Unit Letter M : 1150	feet from the SOUTH line and 100	0 feet from the WEST line
Section 27	Township 17S Range 35E	NMPM County LEA
	. Elevation (Show whether DR, RKB, RT, GR, etc.	c.)
39	940' GR	
12 Check Appr	conriate Box to Indicate Nature of Notice	Report or Other Data
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTEI		BSEQUENT REPORT OF:
	UG AND ABANDON AREMEDIAL WOF	RK
OTHER:		R MIT & YEARLY BH TEST
	operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompl	letion.	
ON 2/17/17 CONOCOPHILLIPS CON ATTACHED.	MPANY CONDUCTED THE 5 YEAR MIT TO	580#/32 MINS - TEST GOOD, CHART
ATTACHED. ATTACHED IS THE YEARLY BRADENHEAD TEST - TEST GOOD.		
Spud Date:	Rig Release Date:	
I hereby certify that the information abov	e is true and complete to the best of my knowledge	ge and belief.
SIGNATURE Change and	TITLE Staff Regulatory Technici	ian DATE 02/17/2017
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174   For State Use Only Image: Conocophilips conocop		
APPROVED BY: Dave TITLE Om ince Officer DATE \$3/1/		
Conditions of Approval (if any)		

