

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

HOBBS OGD
MAR 06 2017
RECEIVED

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

| | | |
|--|--|---|
| 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.) | | WELL API NO. 30-025-27317 |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJ WELL | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator ConocoPhillips Company | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator P. O. Box 51810 Midland, TX 79710 | | 7. Lease Name or Unit Agreement Name EAST VACUUM GB-SA UNIT TRACT 2865 |
| 4. Well Location Unit Letter F : 1475 feet from the NORTH line and 2600 feet from the WEST line Section 28 Township 17S Range 35E NMPM County LEA | | 8. Well Number 001 |
| | | 9. OGRID Number 217817 |
| | | 10. Pool name or Wildcat VACUUM; GB-SA |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: 5 YEAR MIT & YEARLY BH TEST ☒

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.

2/20/17 CONOCOPHILLIPS COMPANY CONDUCTED THE 5 YEAR MIT TO 540#/32 MINS - TEST GOOD. CHART ATTACHED
BRADENHEAD TEST ATTACHED

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

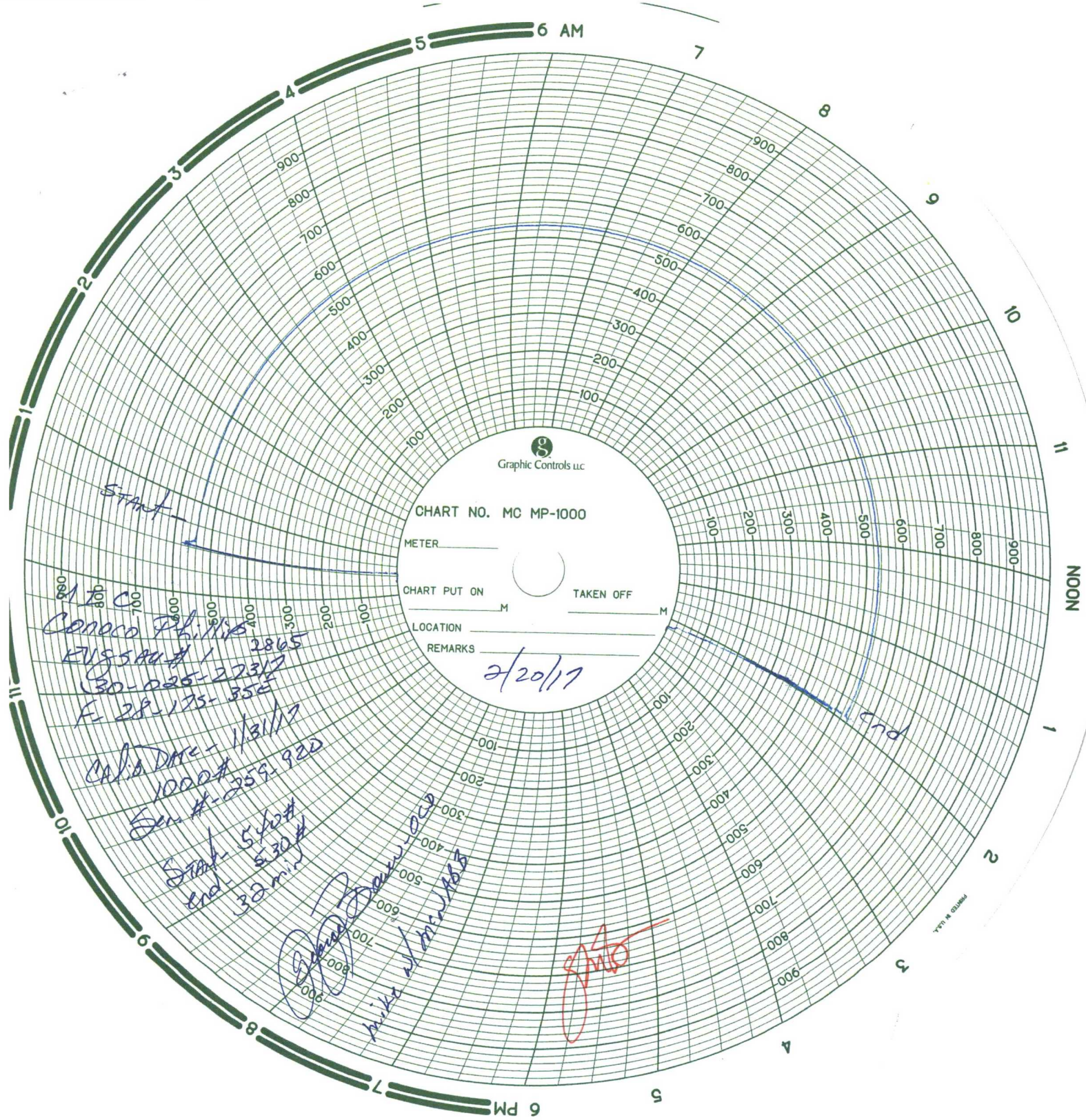
SIGNATURE Rhonda Rogers TITLE Staff Regulatory Technician DATE 02/28/2017

Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 3/9/17

Conditions of Approval (if any):



Graphic Controls LLC

CHART NO. MC MP-1000

METER _____

CHART PUT ON _____

TAKEN OFF _____

LOCATION _____

REMARKS _____

2/20/17

Start
End
1000#
540#
530#
32 min

1000#
540#
530#
32 min

Signature