Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I (575) 303-6161	nergy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
	OCD OIL CONSERVATION DIVISION	30-025-20882
District III – (505) 334-6178	201220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 SEP 1 District IV – (505) 476-3460	Santa Fe, NM 87505	STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM	IVED	B-1839-1
	ND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)		Vacuum Glorieta East Unit Tract 26
1. Type of Well: Oil Well X Gas W	ell Other	8. Well Number 003
Name of Operator ConocoPhillips Com	pany /	9. OGRID Number 217817
3. Address of Operator P. O. Box 51810		10. Pool name or Wildcat
Midland, TX 797	10	Vacuum; Glorieta
4. Well Location		
Unit Letter E : 2310 Section 27	Township 17S Range 35E	NMPM County Lea
	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: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
	NGE PLANS ☐ COMMENCE DRI TIPLE COMPL ☐ CASING/CEMENT	
PULL OR ALTER CASING MULT DOWNHOLE COMMINGLE	TIPLE COMPL CASING/CEMENT	JOB L
	_	_
OTHER:	OTHER: placing E	
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.		
RECORD CLEAN-UP		
CONOCOPHILLIPS COMPANY IS GOING TO RECOMPLETE IN GB-SA		
2/3/17 RIH W/BIT & SCRAPPER TO 6100' & TOOH. RIH W/BP & SET @ 6017'. NDBOP & NUWH. RDMO		
KIT WIDE & SET W 0017. NOBSET & NO WIL ROMS		
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Spud Date:	Rig Release Date:	
I hereby certify that the information above i	s true and complete to the best of my knowledge	and belief.
)	
SIGNATURE Mon	TITLE Staff Regulatory Technicia	DATE 09/07/2017
Type or print name Rhonda Rogers	E-mail address: rogerrs@conocor	phillips.com PHONE: (432)688-9174
For State Use Only		
APPROVED BY:	Accepted for Record Only	DATE
Conditions of Approval (if any):	Mission 9/11/201	
	11001 4/11/201	1