

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

Revised August 1, 2011

HOBBS OCD**FEB 06 2018****RECEIVED**

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-43734

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-1839-1

7. Lease Name or Unit Agreement Name
EAST VACUUM GB-SA UNIT

8. Well Number 514

9. OGRID Number

217817

10. Pool name or Wildcat

VACUUM; GB-SA

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: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

ConocoPhillips Company

3. Address of Operator
P. O. Box 51810
Midland, TX 79710

4. Well Location

Unit Letter L : 2180 feet from the SOUTH line and 488 feet from the WEST line

Section 33 Township 17S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3952' GL

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 ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: COMPLETION SUNDRY ☒

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.

10/16/17 RIH & PERF F/4853'-4985'.

10/17/17 PUMP 295 BBLS 15%HCL-NEFE

10/18/17 PERF F/4724'-4821'. PUMP 231 BBLS 15%HCL-NEFE.

12/7/17 RIH W/45 JTS, 2 7/8", 6.5#, J-55 TBG & 100 JTS 2 7/8" 6.5#, J-55 TBG W/WINTERHAWKS PROTECTORS & SET @ 4711'.

12/8/17 NDBOP & NUWH, RDMO

Spud Date: 08/31/2017

Rig Release Date: 12/08/2017

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

SIGNATURE 

TITLE Staff Regulatory Technician

DATE 01/31/2018

Type or print name Rhonda Rogers

E-mail address: rogerr@conocophillips.com

PHONE: (432)688-9174

For State Use Only

APPROVED BY: 

TITLE Stg Mgr

DATE 2-7-18

Conditions of Approval (if any):