Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I - (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			30-025-30279	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION DI VISION DIVISION DIVISIONI		ate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Flancis		TATE X FEE	5
District IV - (505) 476-3460	Santa Fe, NML 2005		Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	MAR			
	ICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG B CATION FOR PERMIT" (FORM C-101) FOR S	B-1527 7. Lease East Vaus	Name or Unit Agreement Num GB-SA Unit	ame
PROPOSALS.)		8. Well	Number and	1
1. Type of Well: Oil Well	Gas Well Other Injection Well		Number 009 ID Number	
2. Name of Operator ConocoPhillips Company		, 9. OOK	217817	
3. Address of Operator P. O. Box 51810		10. Pool	10. Pool name or Wildcat	
Midland, TX 79710			Vacuum; Grayburg-San Andres	
4./Well Location				
Unit Letter P :	feet from the South	line and 740	_feet from the East	line
Section 31	Township 17S Range	35E NMPM	County Lea	
ACCEPTAGE TO A CONTROL OF A	11. Elevation (Show whether DR, RK	(B, RT, GR, etc.)		
	3975' GR			
12. Check	Appropriate Box to Indicate Natur	re of Notice, Report of	r Other Data	
NOTICE OF IN	ITENTION TO:	SUBSEQUE	NT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			☐ ALTERING CASIN	G 🗌
		OMMENCE DRILLING OP	NS. ☐ P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT		ASING/CEMENT JOB		
DOWNHOLE COMMINGLE				
OTHER.		THED. CARLAD MET		57
OTHER:	bleted operations. (Clearly state all perti	THER: 5 YEAR MIT	inent dates including estimat	red date
	ork). SEE RULE 19.15.7.14 NMAC. F			cu date
proposed completion or recompletion.				
2/20/18 CONOCOPHILLIPS COMPANY CONDUCTED THE 5 YEAR MIT TO 560/32 MIN. CHART ATTACHED				
		r'		
Spud Date:	Rig Release Date:			
I hereby certify that the information	above is true and complete to the best of	of my knowledge and belie	f.	
SIGNATURE Short	TITLE Staff Regul	latory Tachnician	DATE 03/07/2018	
SIGNATURE MONAL	TITLE Staff Regul	latory reclinician	DATE 05/07/2016	
Type or print name Rhonda Rogers	E-mail address: ro	ogerrs@conocophillips.cor	n PHONE: (432)688-91	74
For State Use Only				
1 1 1 m				
APPROVED BY: Store TITLE Compliance Officer DATE 3/12/18				
Conditions of Approval (if any):	V			

