Submit One Copy To Appropriate District	Chaha	CNI M-	:		Farm C 102
Office	Energy, Minerals	f New Me			Form C-103 Revised August 1, 2011
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO.	30-025-02837
811 S. First St., Grand Ave., Artesia, NM 88210	OIL CONSER			5. Indicate Type	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 875051 2018			6. State Oil & Ga	X FEEas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	PECEIVED			B-8568	
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				7. Lease Name or Unit Agreement Name EAST VACUUM GB-SA UNIT TRACT 2059	
PROPOSALS.) 1. Type of Well: ⊠Oil Well ☐ Gas Well ☐ Other				8. Well Number	001
Name of Operator ConocoPhillips Company				9. OGRID Numb	per 217817
3. Address of Operator P. O. Box 51810 Midland, TX 79710				10. Pool name or Wildcat	
4. Well Location				VACUUM; GB-S	SA
Unit Letter F : 2310	feet from the N	line and 19	80 feet from the W	line	
Section 20 Township 27S Range 35E NMPM County LEA					
	11. Elevation <i>(Show и</i> 3981' RKB	whether DR,	RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
TEMPORARILY ABANDON	ENTION TO: PLUG AND ABANDOI CHANGE PLANS MULTIPLE COMPL	N 🗆	SUBS REMEDIAL WORK COMMENCE DRIL CASING/CEMENT	LING OPNS.	PORT OF: ALTERING CASING PAND A
OTHER:					
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.					
 ☑ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. ☑ Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. ☑ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location. ☑ All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.) ☑ All other environmental concerns have been addressed as per OCD rules. ☑ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines. 					
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
SIGNATURE Thorse	Coxes	TITLE Sta	ff Regulatory Techr	nician	DATE <u>05/17/2018</u>
TYPE OR PRINT NAME Rhonda Roy For State Use Only	gers O	_E-MAIL:	rogerrs@conocoph	illips.com I	PHONE: <u>(432)688-9174</u>
APPROVED BY: Conditions of Approval (if any):	Litzlan	TITLE_	P.E.S.		DATE 05/22/201