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Submit One Copy To Appropriate District Office	State of				Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals	and Natu	ral Resources	WELL API NO.	Revised August 1, 2011
District II 811 S. First St., Grand Ave., Artesia, NM	OIL CONSERV	AHOR	REISISTIC		30-025-02903
88210 District III	1220 South St. Francis Dr.		5. Indicate Type of STATE	of Lease  X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe	e, N <b>MAY</b>	75 <b>953</b> 2018	6. State Oil & Ga	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505  RECEIVED				B-1839	
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 2738	
PROPOSALS.)  1. Type of Well: XOil Well Gas Well Other				8. Well Number	001
Name of Operator     ConocoPhillips Company				9. OGRID Numb	er 217817
3. Address of Operator P. O. Box 51810 Midland, TX 79710				10. Pool name or	
1				VACUUM; GB-S	A
4. Well Location			· · · · · · · · · · · · · · · · · · ·	, ,,	
Unit Letter D : 660 feet from the N line and 660 feet from the W line  Section 27 Township 17S Range 35E NMPM County LEA					
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
3946' GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INT				SEQUENT REI	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRI					ALTERING CASING  P AND A
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT	<del></del>	
OTHER:			⊠ Location is re	ady for OCD inspe	oction after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.					
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the					
A sice marker at least 7 in transect and at least 4 above ground level has been set in concrete. It shows the					
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR					
<u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.</u>					
M. The least on head and a second a second a second a second as a second a					
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.)					
X All other environmental concerns have been addressed as per OCD rules.					
Pipelines and flow lines have bee retrieved flow lines and pipelines.	n abandoned in accordar	nce with 1	9.15.35.10 NMAC.	All fluids have bee	n removed from non-
retrieved flow lines and pipelines.					
When all work has been completed, re	turn this form to the app	ropriate D	District office to sche	edule an inspection.	
arawa Tunn Ham			<b>***</b>		D A TOP
SIGNATURE / HONS	pages 1	ITTLE Sta	iff Regulatory Techi	nician	DATE <u>05/16/2018</u>
TYPE OR PRINT NAME Rhonda Ro	ogers I	E-MAIL:	rogerrs@conocoph	illips.com P	HONE: <u>(432)688-9174</u>
For State Use Only	0.1	ب	)		1 +
APPROVED BY: Wash	Tritalen 7	TITLE 1.	7.E.S.		DATE 10/16/2018
Conditions of Approval (if any):					