

Submit Copy To Appropriate District
Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-025-03024
1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injection		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No. B-2273
3. Address of Operator 600 West Illinois Avenue; Midland, TX 79701		7. Lease Name or Unit Agreement Name Vacuum Abo Unit
4. Well Location Unit Letter F : 2316 feet from the North line and 1980 feet from the West line Section 34 Township 17S Range 35E NMPM Lea County		8. Well Number 009
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3929' GL		9. OGRID Number 217817
		10. Pool name or Wildcat Vacuum; Abo Reef

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 ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		OTHER: 5-yr MIT	☒

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.

ConocoPhillips Company respectfully submits this subsequent report of 5-yr MIT.
Test on 4/14/21 involved starting 565 psi held for 32 minutes; Test Good. Chart attached.

Spud Date:

Rig Release Date:

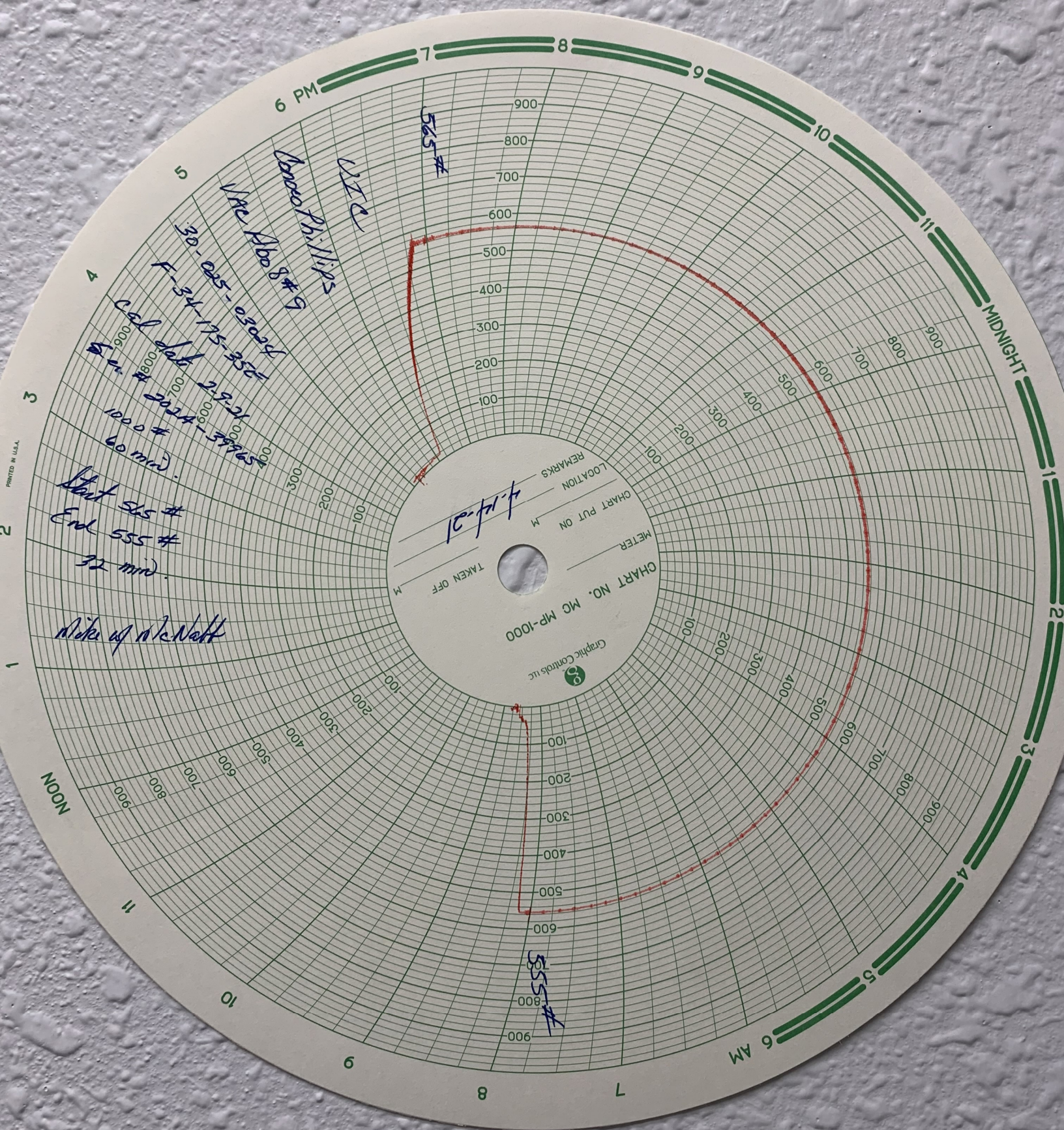
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Susan B. Maunder TITLE Regulatory Coordinator DATE 4/26/21

Type or print name Susan B. Maunder E-mail address: Susan.B.Maunder@conocophillips.com PHONE: 432-269-4378

For State Use Only

APPROVED BY: Accepted for record – NMOCD gc 4/20/2022 DATE
Conditions of Approval (if any):



District I
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Phone:(505) 476-3470 Fax:(505) 476-3462

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Santa Fe, NM 87505

CONDITIONS

Action 25630

CONDITIONS

Operator: CONOCOPHILLIPS COMPANY 600 W. Illinois Avenue Midland, TX 79701	OGRID: 217817
	Action Number: 25630
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	4/20/2022