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 <u>District II</u> – (575) 748-1283	OH COMPTHAL TON THE WAY		30-025-02988
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE X FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
87505		B-1608	
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.)			7. Lease Name or Unit Agreement Name East Vacuum GB-SA Unit Tract 3332
1. Type of Well: Oil Well Gas Well Other Injection CD		8. Well Number 032	
2. Name of Operator			9. OGRID Number
ConocoPhillips Company _ APR 2 1 2015			217817
3. Address of Operator P. O. Box 51810			10. Pool name or Wildcat
Midland, TX 79710		Vacuum: GB-SA	
4. Well Location RECEIVED			
Unit Letter B: 660 feet from the North line and 1980 feet from the East line			
Section 33 Township 17S Range 35E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3943' GR			
	% 3943 UK		
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 WOR			
			ILLING OPNS. P AND A
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN			<del></del>
DOWNHOLE COMMINGLE			
OTHER IS NOT			
OTHER: OTHER: 5 year 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 conducted the 5 year MIT on 2/17/15 to 600#/32 mins - test good.  Chart attached.			
Spud Date:	Rig Release Da	ate:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Charles TITLE Staff Regulatory Technician DATE 04/13/2015			
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174			
For State Use Only			
APPROVED BY: Bel Somand TITLE Staff Manager DATE 5/10/2015  Conditions of Approval (if any):			
Conditions of Approval (if any):			
MAY 0 8 2015 4 4 Ann			
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