Office	State of New Mexico	Form C-103
Energy N	Minerals and Natural Resources	June 19, 2008 WELL API NO.
District I 1625 N. French Dr., Hobbs, NIP	NSERVATION DIVISION	30-025-03072
1501 111 0141101111111111111111111111111		5. Indicate Type of Lease
1000 Die Droven Dd. Artes NIM 97 (10)	O South St. Francis Dr.	STATE X FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa F OBSOCD 87505		61780
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 Vacuum Abo Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 013-016
2. Name of Operator ConocoPhillips Company		9. OGRID Number
		217817 10. Pool name or Wildcat
3. Address of Operator 3300 N. "A" St., Bldg. 6 Midland, TX 79705		Vacuum; Abo Reef
4. Well Location		· ·
Unit Letter A : 990' feet from the NORTH line and 330' feet from the EAST line		
	nship 18S Range 35E	NMPM County LEA
	(Show whether DR, RKB, RT, GR, etc.	
3953' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION T	O· SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND A		
TEMPORARILY ABANDON CHANGE PLA	ANS COMMENCE DR	ILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE CO	OMPL ☐ CASING/CEMEN	T JOB 🔲
DOWNHOLE COMMINGLE		
OTHER:	OTHER: Submiss	sion of Gyro Survey
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompletion.		
In reference to earlier sundry of 9/2008 optimization, please accept the attached Gyro Survey, ran to TD on 9/04/2008, and attached logs, ran 9/04/2008.		
10gs, 1an 9/04/2006.		
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Spud Date:	Rig Release Date:	
<u> </u>	<u> </u>	Miles (1984)
Thereby certify that the information above is true an	d complete to the best of my knowledge	a and haliaf
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
1.0 11 (0 0		
SIGNATURE Jalyu N. C. Ske	TITLE Regulatory Specialist	DATE 02/18/2009
Type or print name Jalyn N. Fiske	E-mail address: Jalyn Ficke@oo	nocophillips.com PHONE: (432)688-6813
For State Use Only	D man address. Jarym 18KC/WCOI	
	KETPOLEUM ENGI	NECE APR 27 2009
APPROVED BY: Conditions of Approval (if any):	TITLE .	DATE
A ADDITIONAL OF A DOTOVAL OF AUTOVE		