Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88240 OTL CONSERVATION DIVISION		30-025-26775 /
D	1000 C = = 4l= C4 F = = = 4l= Fb=	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 8741R 25 2011 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505		· STATE X FEE
District IV 1220 S. St. Francis Dr. Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM BBSOCO 87505		B-1360-1
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 2658 8. Well Number 001
1. Type of Well: Oil Well X Gas Well Other		001 /
2. Name of Operator ConocoPhillips Company		9. OGRID Number 217817
3. Address of Operator 3300 N "A" St, Bldg 6 Midland, TX 79705		10. Pool name or Wildcat Vacuum GB/SA
4. Well Location		
Unit Letter K: 2500 feet from the West line and 2500 feet from the South line		
Section 26 Township 17S Range 35E NMPM CountyLea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3619.9' GR		
12. Check App	propriate Box to Indicate Nature of Notic	e, Report or Other Data
PERFORM REMEDIAL WORK F	PLUG AND ABANDON REMEDIAL WO	DRILLING OPNS. P AND A
OTHER:	☐ OTHER: Reacti	ivation X
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.		
bbls acid, flush w/28 bbls fresh water	5 4092' 5', pumped 72 bbls acid flush with 75 bbls fresh v	water, moved rbp to 4520' packer 4460', pump 24 to 500 psi
Pressure: Tubing 110 Casing 45, Vo	olume: Oil 49, Water 681, Gas 395	
Spud Date:	Rig Release Date:	
I hereby certify that the information abo	ove is true and complete to the best of my knowle	dge and belief
	The is true and complete to the best of my knowle	age and benefi.
SIGNATURE 3:	TITLE Regulatory Specialist	DATE 04/19/2011
Time on wint name Pring D Majorine Empil address: bring d majorine@composarbiline BMONE (422)(09 (012		
Type or print name Brian D Maiorino E-mail address: brian.d.maiorino@conocophilips.Pbf@NE: (432)688-6913 For State Use Only		
APPROVED BY: Conditions of Approval (If any):	TITLETITLE	DATE JUL 29 2011