Submit I Conv To Appropriate District	C		F. 0.102
Submit 1 Copy To Appropriate District Office *	State of New		Form C-103 Revised August 1, 2011
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and	Natural Resources	WELL API NO.
District II - (575) 748-1283	OIL CONSERVAT	TON DIVISION	30-025-02881
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, N		STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM			B-1497
87505 SUNDRY NOTI	CES AND REPORTS ON W	FUIS	7. Lease Name or Unit Agreement Name
(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 CD			East Vacuum GB-SA Tract 2622
PROPOSALS.) 1. Type of Well: Oil Well X	Gas Well 🗌 Other		8. Well Number 034
2. Name of Operator ConocoPhillip	os Company 🖌	NOV 0 9 2015	9. OGRID Number 217817
3. Address of Operator P. O. Box 5	1810	SEN/ED	10. Pool name or Wildcat
Midland, T	X 79710	RECEIVED	Vacuum; GB-SA
4. Well Location			
	1980 feet from the Nor		
Section 26	Township 17S 11. Elevation (Show whethe	Range 35E	NMPM County Lea
	3913' GR	a DR, MD, MI, OR, elc.	
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		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	т јов
DOWNHOLE COMMINGLE			
OTHER:] OTHER: tbg dept	h re-set
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.			
9/30/15 RIH w/119 jts, 2 7/8", 6.5#, J-55 tbg & re-set @ 3931'. current wellbore schematic is attached.			
Spud Date:	Rig Relea	ase Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
1 n n 2			
SIGNATURE Monel	TITLE S	taff Regulatory Technici	an DATE <u>11/02/2015</u>
Time or print name Phonde Record			
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174			
Mal Aking Dist & and in Internet			
APPROVED BY: Mally ANOWN TITLE NICL Supervised DATE 11/12/2015			
Conditions of Approval (if any):			NOV & P DOME
•			NOV 1 8 2015

