

Submit 1 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 August 1, 2011

HOBBS OOD
 MAR 02 2017
 RECEIVED

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

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other INJ WELL <input checked="" type="checkbox"/></p> <p>2. Name of Operator ConocoPhillips Company</p> <p>3. Address of Operator P. O. Box 51810 Midland, TX 79710</p> <p>4. Well Location Unit Letter <u>M</u> : <u>325</u> feet from the <u>SOUTH</u> line and <u>1300</u> feet from the <u>WEST</u> line Section <u>26</u> Township <u>17S</u> Range <u>35E</u> NMPM County <u>LEA</u></p>	<p>WELL API NO. 30-025-26991</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name EAST VACUUM GB-SA UNIT TRACT 2648</p> <p>8. Well Number 002</p> <p>9. OGRID Number 217817</p> <p>10. Pool name or Wildcat VACUUM; GB-SA</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: 5 YEAR MIT & YEARLY BH TEST <input checked="" type="checkbox"/></p>
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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.

ON 2/16/17 CONOCOPHILLIPS COMPANY CONDUCTED THE 5 YEAR MIT TO 555#/32 MINS - TEST GOOD, CHART ATTACHED.
 ATTACHED IS THE YEARLY BRADENHEAD TEST - TEST GOOD.

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 *Rhonda Rogers* TITLE Staff Regulatory Technician DATE 02/24/2017
 Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

For State Use Only

APPROVED BY: *Rhonda Rogers* TITLE Compliance Officer DATE 3/3/17
 Conditions of Approval (if any):

PRINTED IN U.S.A.

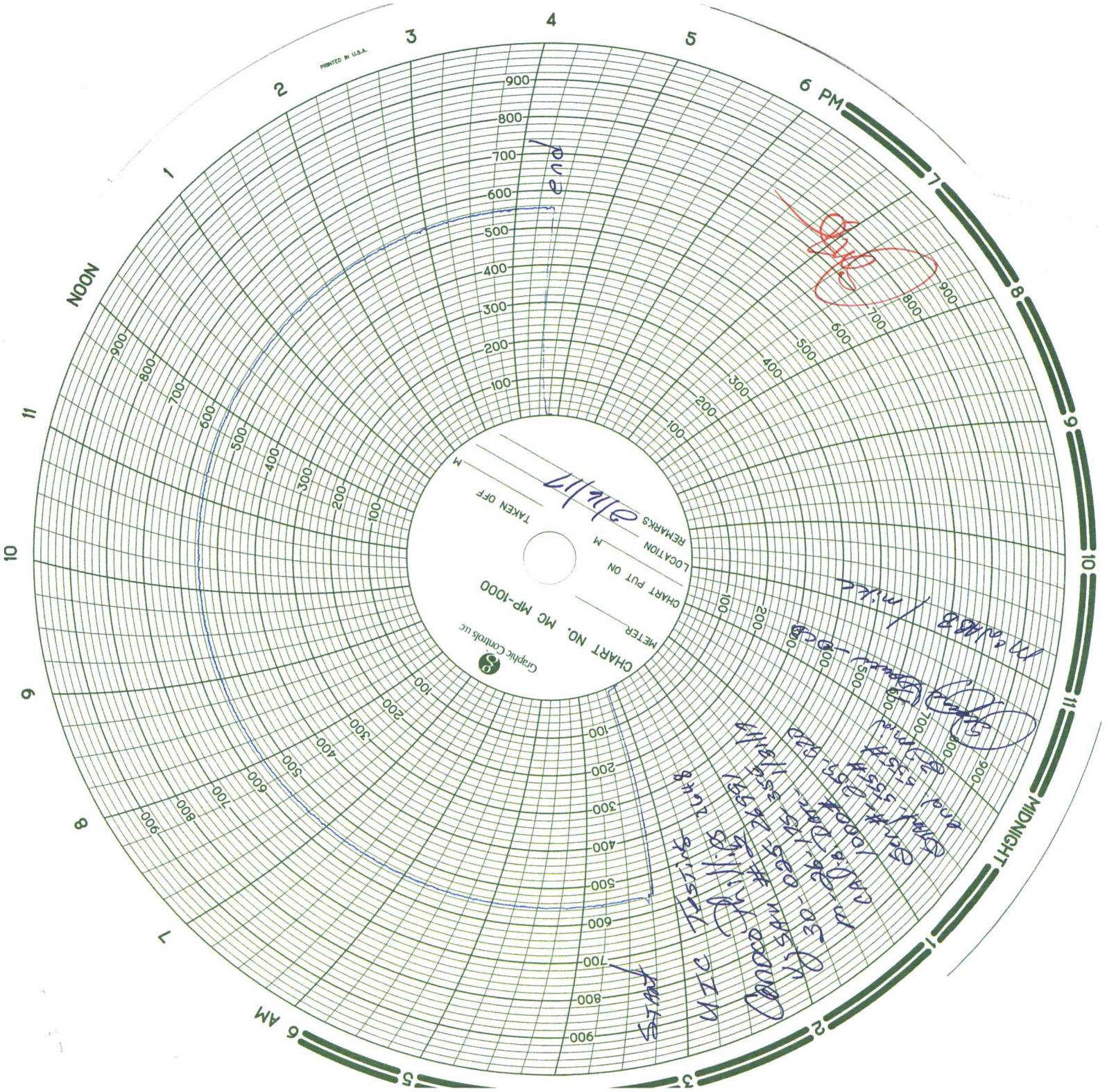


CHART NO. MC MP-1000
 Graphic Controls Inc.
 METER
 CHART PUT ON
 LOCATION
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 TAKEN OFF
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