

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

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

WELL API NO. 30-025-26656
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EAST VACUUM GB-SA UNIT TRACT 3315
8. Well Number 008
9. OGRID Number 217817
10. Pool name or Wildcat VACUUM; GB-SA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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.)
1. Type of Well: Oil Well [] Gas Well [] Other INJ WELL
2. Name of Operator ConocoPhillips Company
3. Address of Operator P. O. Box 51810 Midland, TX 79710
4. Well Location Unit Letter I : 1650 feet from the SOUTH line and 150 feet from the EAST line / Section 33 Township 17S Range 35E NMPM County LEA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
OTHER: []
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
OTHER: 5 YEAR MIT & YEARLY BH TEST [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.

2/23/17 CONOCOPHILLIPS COMPANY CONDUCTED THE 5 YEAR MIT TO 560#/32 MINS -TEST GOOD. CHART ATTACHED
ATTACHED IS BH TEST.

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 03/09/2017
Type or print name Rhonda Rogers E-mail address: rogerr@conocophillips.com PHONE: (432)688-9174

For State Use Only

APPROVED BY: [Rhonda Rogers] TITLE Compliance Officer DATE 3/20/17
Conditions of Approval (if any):

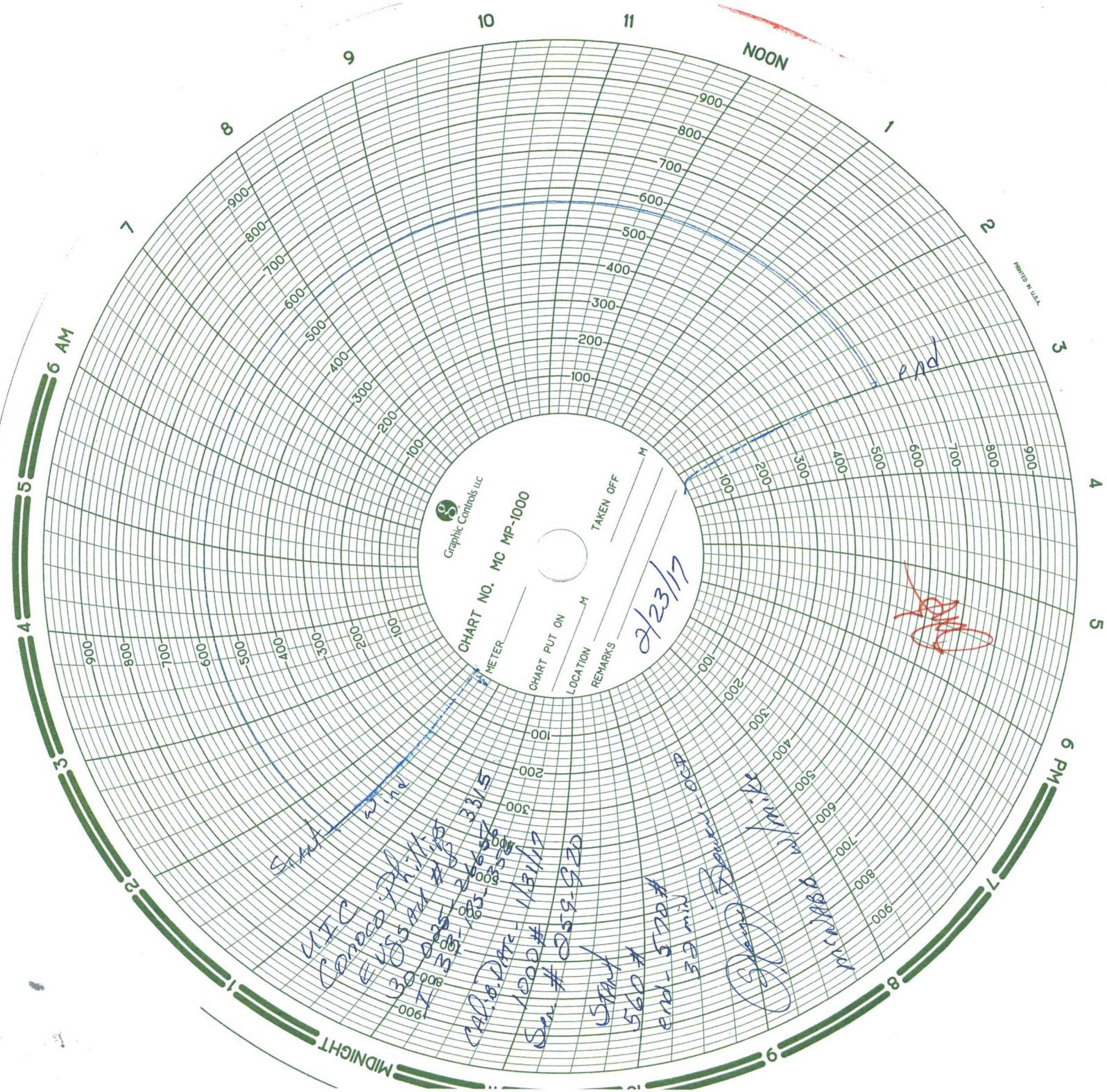


CHART NO. MC MP-1000

METER _____ M
 CHART PUT ON _____ M
 LOCATION _____ M
 REMARKS _____ M
 TAKEN OFF _____ M

2/23/17

[Red Signature]

4710
 4550
 30
 3315
 1000# 113117
 Sen # 0519-920
 5710
 560#
 END - 5700#
 32 min
 5710
 560#
 END - 5700#
 32 min
 5710
 560#
 END - 5700#
 32 min

end

MIDNIGHT

NOON

6 AM

6 PM

4

5

6

7

8

9

10

11

1

2

3

4

5

7

8

9

MP-1000 U.S.A.