

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

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

HOBBS OGD  
 FEB 9 2018  
 RECEIVED

<p style="text-align: center;"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p>(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 <input 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>1039</u> feet from the <u>SOUTH</u> line and <u>819</u> feet from the <u>WEST</u> line Section <u>33</u> Township <u>17S</u> Range <u>35E</u> NMPM County <u>LEA</u></p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3953' GL</p>	<p>WELL API NO. 30-025-42115</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No. B-1839-1</p> <p>7. Lease Name or Unit Agreement Name EAST VACUUM GB-SA UNIT</p> <p>8. Well Number <u>519</u></p> <p>9. OGRID Number <u>217817</u></p> <p>10. Pool name or Wildcat VACUUM; GB-SA</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: COMPLETION SUNDRY <input checked="" type="checkbox"/></p>
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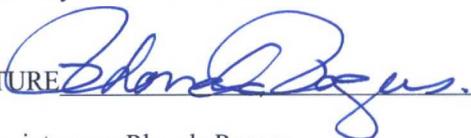
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

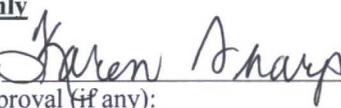
12/11/17 RIH & PERF F/4902'-4934' & ACIDIZE PERFS W/80 BBLS 15% NEFE. PERF F/4774'-4812'.  
 12/12/17 ACIDIZE PERFS W/100 BBLS 15% NEFE.  
 1/5/18 RIH W/146 JTS, 2 7/8", 6.5#, L-80 TBG & SET @ 4738'. RDBOP NUWH  
 ATTACHED IS A CURRENT WELLBORE SCHEMATIC  
 ATTACHED IS DDS  
 ATTACHED IS AN "AS DRILLED PLAT"

12-11-18  
 Press tst 7" csg to 1500# 30 min - OK.

Spud Date: 09/25/2017 Rig Release Date: 01/05/2018

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE Staff Regulatory Technician DATE 02/06/2018  
 Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

**For State Use Only**  
 APPROVED BY:  TITLE Staff Mgr DATE 2-13-18  
 Conditions of Approval (if any):