

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  
**HOBBBS**  
**OIL CONSERVATION DIVISION**  
**FEB 25 2013**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**RECEIVED**

Form C-103  
 Revised August 1, 2011

WELL API NO. 30-025-26858 ✓	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name EAST VACUUM GSA UNIT TRACT 2418 ✓	
8. Well Number 002W ✓	
9. OGRID Number 217817 ✓	
10. Pool name or Wildcat VACUUM; GRAYBURG SAN-ANDRES	
4. Well Location Unit Letter P : 40 feet from the SOUTH line and 260 feet from the EAST line ✓ Section 24 Township 17S Range 34E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3992' GR	

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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"/>	
OTHER: <input type="checkbox"/>		OTHER: REPORT MIT <input checked="" type="checkbox"/>	

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.

01/16/2013 Charted MIT @480#/30 min- test good. See attached chart.

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 Ashley Martin TITLE Staff Regulatory Technician DATE 02/22/2013

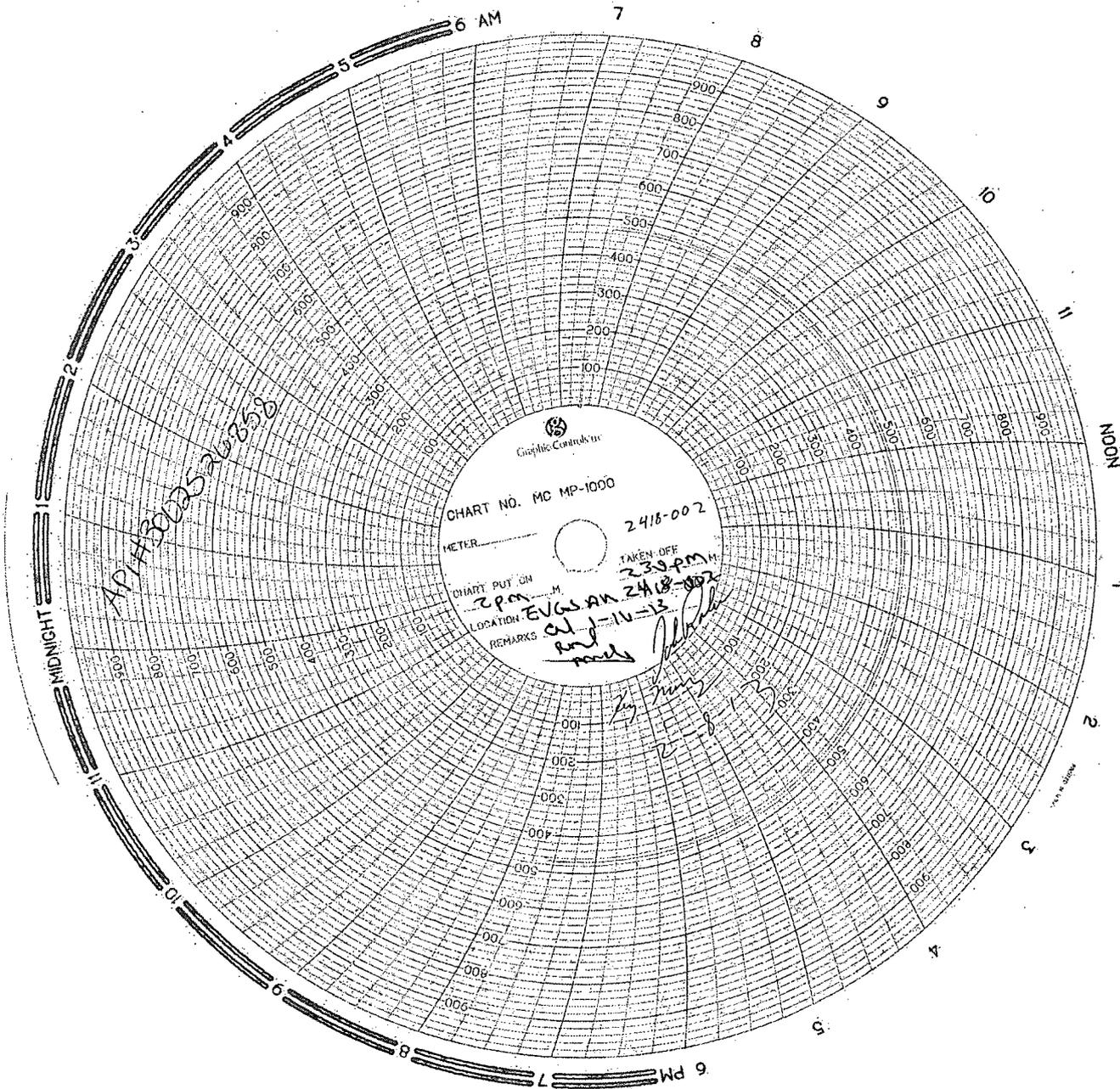
Type or print name Ashley Martin E-mail address: Ashley.Martin@conocophillips.com PHONE: (432)688-6938

**For State Use Only**

APPROVED BY: [Signature] TITLE District DATE 2-26-2013

Conditions of Approval (if any):

FEB 25 2013



Graphic Controls Inc.

CHART NO. MC MP-1000

2418-002

METER

TAKEN OFF 2:39 PM

CHART PUT ON 2 PM

LOCATION EVGS AN 2418-002

REMARKS  
at 1-14-53  
and  
and

2418-002  
2418-002