Office	New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 8824 HOBBS OCD		Revised August 1, 2011 WELL API NO.
District II - (5/3) /48-1283 OIL CONSERVATION DIVISION		30-025-03025 / 5. Indicate Type of Lease
District III – (505) 334-6178 FFB 2 5 2014 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410-B 2 5 2014 Santa Fe, NM 87505 Santa Fe, NM 87505		STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No. B-2723
87505 RECEIVED SUNDRY NOTICES AND REPORTS ON WELLS		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 PROPOSALS.)		Vacuum Abo Unit Tract 8
1. Type of Well: Oil Well Gas Well Other		8. Well Number 10
2. Name of Operator ConocoPhillips Company		9. OGRID Number 217817
3. Address of Operator P. O. Box 51810 Midland, TX 79710		10. Pool name or Wildcat
4. Well Location		Vacuum Abo Reef
Unit Letter E: 2310' feet from the North line and 990' feet from the West line		
Section 34 Township 17S	Range 35E ether DR, RKB, RT, GR, etc.	NMPM County LEA
3932' GL		
12 Charle Americate Poy to Indicate Nature of Notice Papert or Other Data		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBS		SEQUENT REPORT OF: K X ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DR	ILLING OPNS. P AND A
PULL OR ALTER CASING	CASING/CEMEN	T JOB L
<u> </u>	OTHER:	
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.		
MIRU. NDWH NUBOP. TOOH w/tbg. TIH w/ scraper to 8317' TOOH w/scrapper.		
12/19/2013 RIH w/270 jts, 2 3/8", 4.7#, J-55 tbg & re-set @ 8916'. NDBOP & NUBOP. RDMO		
		\$
Spud Date: Rig R	elease Date:	
Spud Date.	cicase Bate.	•
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
I hereby certify that the information above is true and complete	e to the best of my knowledg	e and belief.
SIGNATURE TITLE Staff Regulatory Technician DATE 02/20/2014		
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174		
For State Use Only		
APPROVED BY: Maley Shown TITLE Compliance Effect Date 2/26/2014		
Conditions of Approval (if any):		
		1 begins