

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

HOBBS OCD

OIL CONSERVATION DIVISION

FEB 25 2014

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised August 1, 2011

WELL API NO.	30-025-26394
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. B-1502	
7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract 0524	
8. Well Number 001	
9. OGRID Number 217817	
10. Pool name or Wildcat Vacuum; GB-SA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3963' GL	

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 Injection Well

2. Name of Operator
ConocoPhillips Company

3. Address of Operator
P. O. Box 51810
Midland, TX 79710

4. Well Location

Unit Letter C : 10 feet from the North line and 1443 feet from the West line
Section 5 Township 18S 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: MIT ☒

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.

MIT submittal. Chart 540#/30 mins 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 02/21/2014

Type or print name Rhonda Rogers

E-mail address: rogersr@conocophillips.com

PHONE: (432)688-9174

For State Use Only

APPROVED BY:

Maureen Brown

TITLE

Compliance Officer

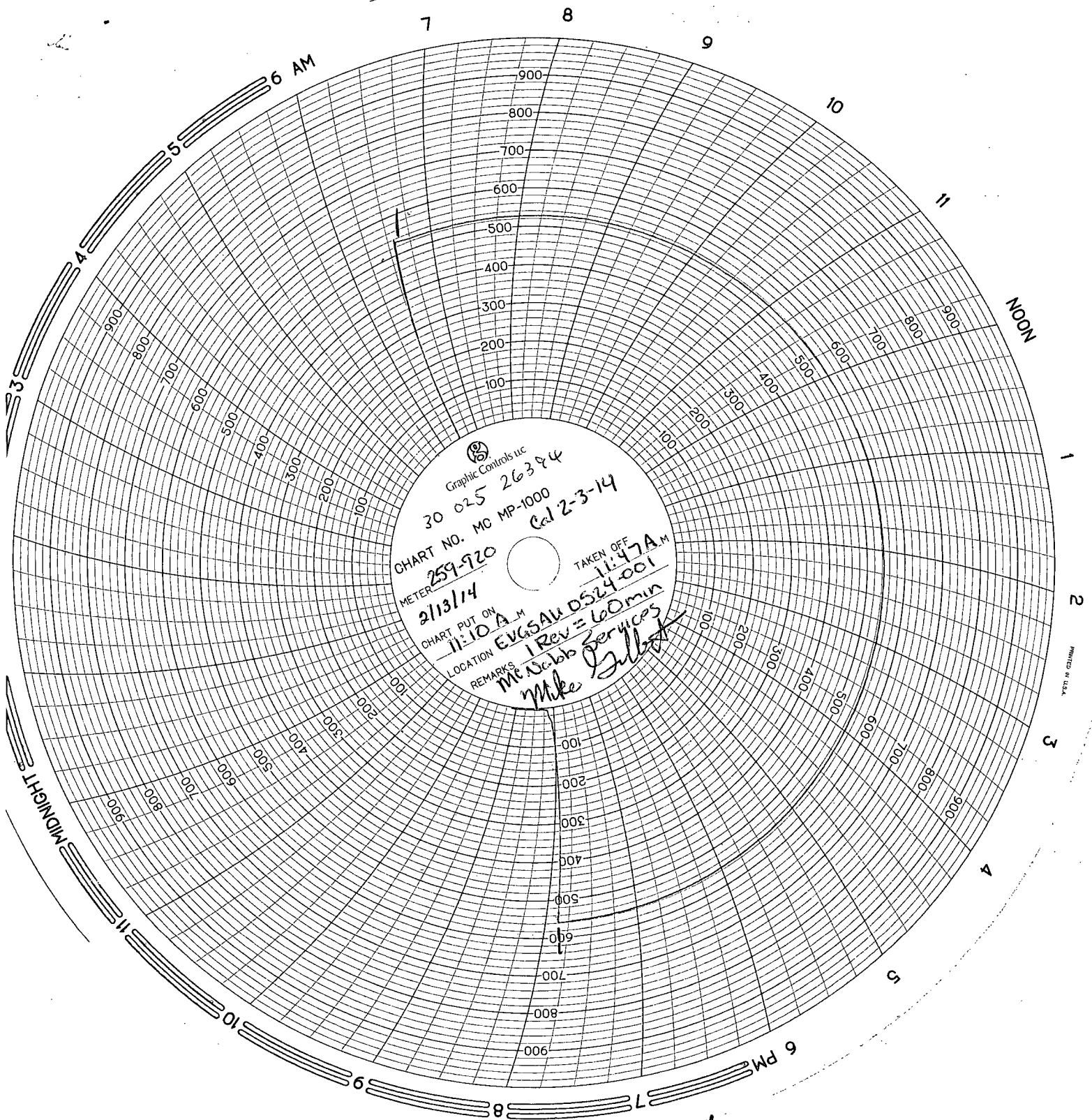
DATE

2/26/2014

Conditions of Approval (if any):

FEB 26 2014

oag k



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