Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised August 1, 2011
<u>District 1</u> – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 HOBBS@CONSERVATION DIVISION			30-025-08549 5. Indicate Type of Lease
District III – (505) 334-6178 1220 South St. Francis Dr.			STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.
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.)			7. Lease Name or Unit Agreement Name Yacuum Abo Unit Yact 05
1. Type of Well: Oil Well Gas Well Other Injection well			3. Well Number 02
2. Name of Operator ConocoPhillips Company			217817
3. Address of Operator P. O. Box 51810 Midland, TX 79710			0. Pool name or Wildcat acuum; Abo
4. Well Location			acuum, Abb
Unit Letter O: 990 feet from the South line and 2195 feet from the East line			
Section 26			NMPM County Lea
11. Ele	evation (Show whether DR,	KKB, KI, GK, eic.)	
12. Check Appropr	iate Box to Indicate N	ature of Notice, Ro	eport or Other Data
NOTICE OF INTENTION TO: SUBS			EQUENT REPORT OF:
<u> </u>		REMEDIAL WORK	ALTERING CASING
		COMMENCE DRILL CASING/CEMENT J	_
DOWNHOLE COMMINGLE		or tollto, or line it is	
OTHER:	П	OTHER: MIT	$\overline{\mathbf{X}}$
	rations. (Clearly state all p		give pertinent dates, including estimated date
of starting any proposed work). SEI proposed completion or recompletion		C. For Multiple Comp	letions: Attach wellbore diagram of
• • • •			
This is to submit the MIT ran to 500#/60 mins - test good. Chart attached			
			•
			•
			•
			<u>_</u>
Spud Date:	Rig Release Da	te:	
			
I hereby certify that the information above is	true and complete to the be	est of my knowledge a	and belief.
SIGNATURE Thon (De	TITLE Staff R	egulatory Technician	DATE 02/24/2014
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174 For State Use Only			
	Accepted for Reco	rd Oniv	
APPROVED BY: Conditions of Approval (if any):	***************************************		DATE DATE
	YNUB 3/3/	2017	MAR 0 3 201400
			· ·

