

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 87401
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

HOBBS OCD
FEB 26 2014

RECEIVED

WELL API NO.	30-025-26551
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1402-2
7. Lease Name or Unit Agreement Name	East Vacuum GB-SA Unit Trect 2717
8. Well Number	0500
9. OGRID Number	217817
10. Pool name or Wildcat	Vacuum; Grayburg-San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3937' GR

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 P : 132 feet from the South line and 1240 feet from the East line
 Section 27 Township 17S Range 35E NMPM County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: 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.

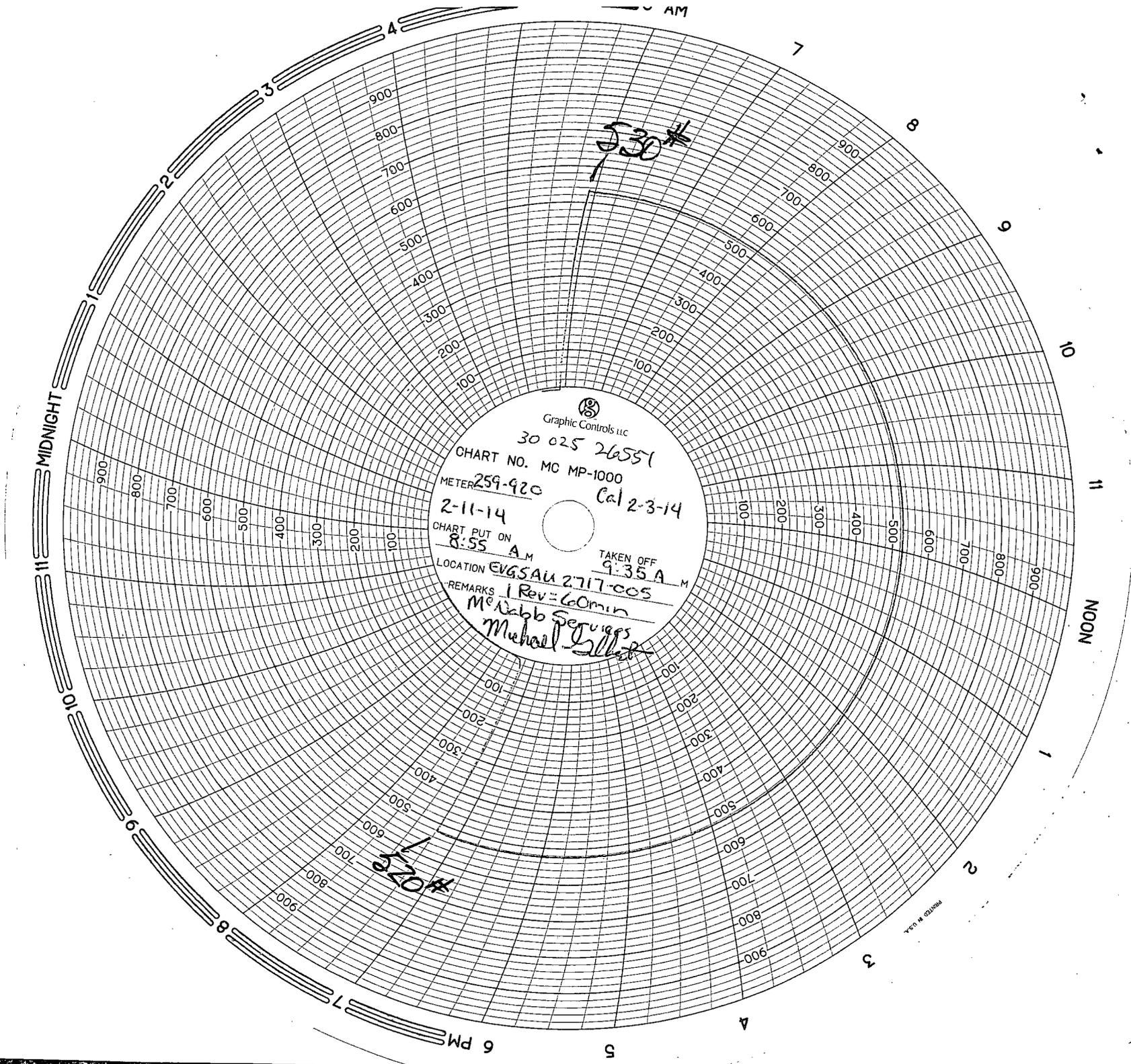
Submittal of MIT ran to 500/60 mins - test good. Chart attached.

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 02/25/2014
 Type or print name Rhonda Rogers E-mail address: rogerr@conocophillips.com PHONE: (432)688-9174

For State Use Only
 APPROVED BY: _____ TITLE MSB 3/3/2014 DATE _____
 Conditions of Approval (if any): _____
 MAR 03 2014 *ong*



Graphic Controls LLC

30 025 26551

CHART NO. MC MP-1000

METER 259-920

Cal 2-3-14

2-11-14

CHART PUT ON
8:55 A.M.

TAKEN OFF
9:35 A.M.

LOCATION EVGSAU 2717-005

REMARKS 1 Rev = 60min

McNabb Services
Michael J. [Signature]

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