Submit 1 Copy To Appropriate District Office Fine	State of New Mexico ergy, Minerals and Natural Resources	Form C-103 Revised August 1, 2011
District 1 – (575) 393-6161 . End 1625 N. French Dr., Hobbs, NM 88240BBS OCD	rigy, witherais and water at resources	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	L CONSERVATION DIVISION	30-025-26863
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874-10 2 6 2014 District IV – (505) 476-3460	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87440 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		B-1527
SUNDRY NOTICES ANI	O REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO D DIFFERENT RESERVOIR. USE "APPLICATION FO PROPOSALS.)		East Vacuum GB-SA Unit Tract 3127
	(X) Other Injection Well	8. Well Number 006
2. Name of Operator ConocoPhillips Compa		9. OGRID Number 217817
3. Address of Operator P. O. Box 51810	5	10. Pool name or Wildcat
Midland, TX 79710		Vacuum; Grayburg-San Andres
4. Well Location		
Unit Letter J : 1330	feet from the _South line and _153	
Section 31	Township 17S Range 35E	NMPM County Lea
11. Elev 3965' (	vation (Show whether DR, RKB, RT, GR, etc.	
3903	JK	
12. Check Appropri	ate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION	ON TO:   SUB	SEQUENT REPORT OF:
	AND ABANDON ☐ REMEDIAL WOR	
	SE PLANS COMMENCE DR	<del>-</del>
· · · · · · · · · · · · · · · · · · ·	PLE COMPL   CASING/CEMEN	T JOB 🔲
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER: MIT	Σ
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.		
This is to submit the MIT ran to 500#/60 m	ins - test good. Chart attached	
		·
	·	
<u> </u>		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is to	rue and complete to the heat of my knowledge	a and haliaf
Thereby certify that the information above is the	the and complete to the best of my knowledg	e and benef.
	•	·
SIGNATURE	TITLE Staff Regulatory Technicis	DATE <u>02/24/2014</u>
Type or print name Rhonda Rogers	E-mail address: rogerrs@conoco	phillips.com PHONE: (432)688-9174
For State Use Only	dates. logens@conoco	11101112. (432)000-7114
APPROVED BY:	Accepted for Record Only	DATE
Conditions of Approval (if any):	<b>A</b>	DATE
	MAS 3/3/2014	MAR 0 3 2014 0 9
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