

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

Form C-103
 Revised August 1, 2011

HOBBS ODP
APR 02 2014
RECEIVED
CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.	30-025-03015 ✓
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1845
7. Lease Name or Unit Agreement Name	Vacuum Abo Unit Tract 10 ✓
8. Well Number	9 ✓
9. OGRID Number	217817 ✓
10. Pool name or Wildcat	Vacuum Abo Reef ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3938' RKB

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

2. Name of Operator
 ConocoPhillips Company

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

4. Well Location
 Unit Letter J : 1980 feet from the South line and 2310 feet from the East line
 Section 34 Township 17S 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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <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.

ConocoPhillips performed the 5 year MIT on 3/21/14 to 340#/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 03/31/2014
 Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

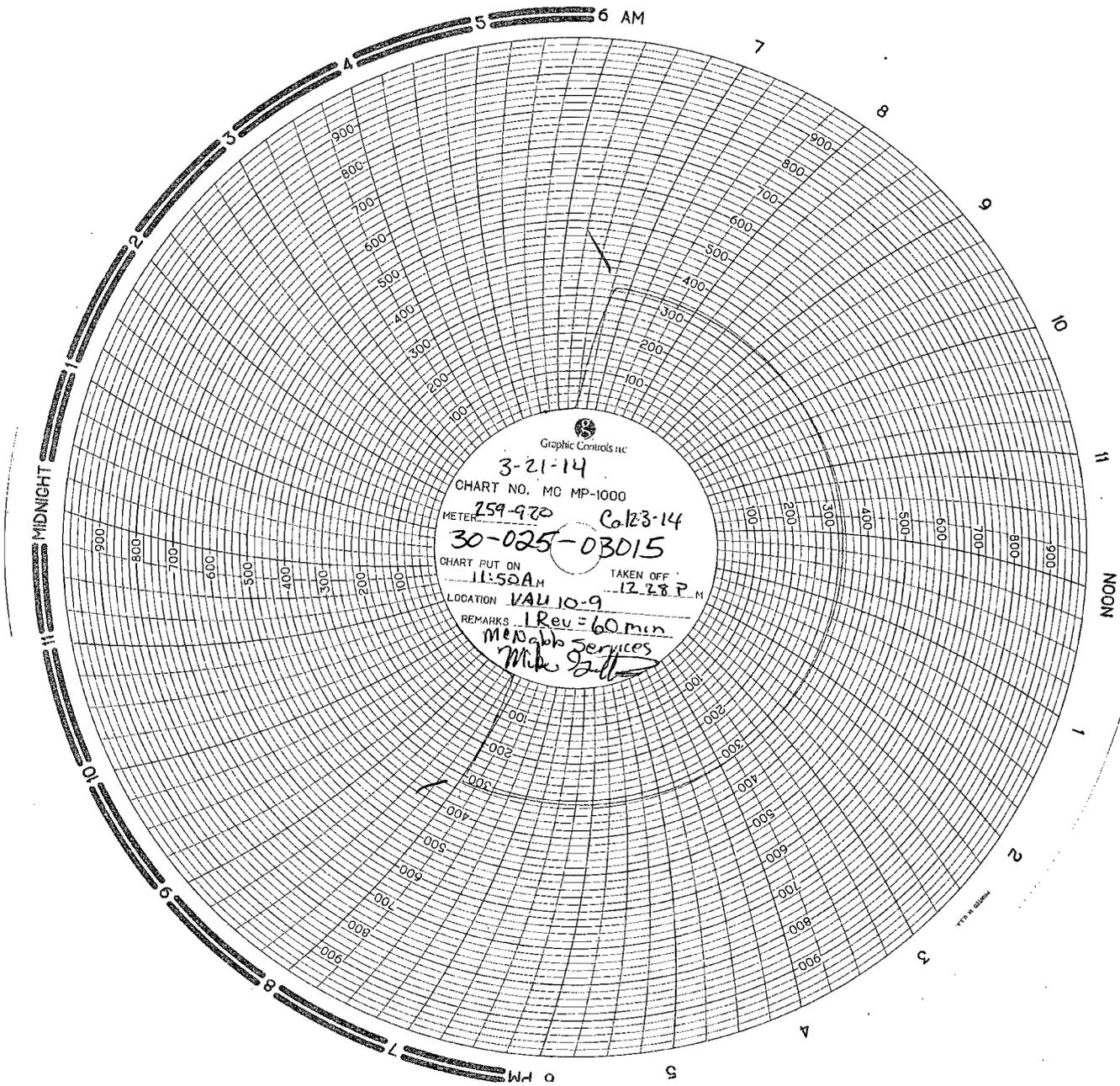
For State Use Only

APPROVED BY: Bill Kenanach TITLE Staff Manager DATE 4-3-14

Conditions of Approval (if any):

For Record Only

APR 07 2014 *[Signature]*



Graphic Controls Inc.

3-21-14

CHART NO. MC MP-1000

METER 259-970 Cal 23-14

30-025-03015

CHART PUT ON 11:50 A.M.

TAKEN OFF 12:28 P.M.

LOCATION KAU 10-9

REMARKS 1 Rev = 60 min

MEAS. Services

Mike [Signature]

774-8000