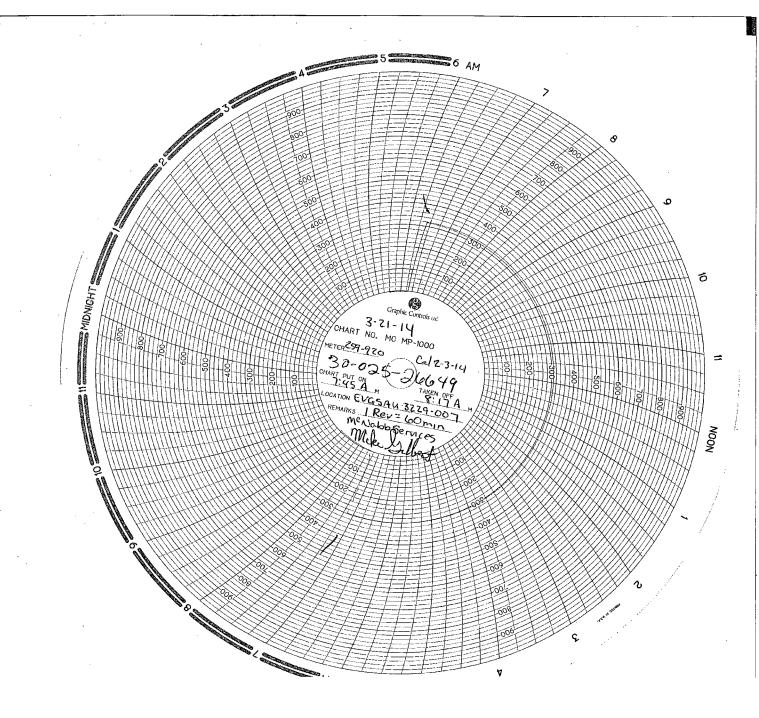
Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I – (575) 393-6161 Energy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.		
District II – (575) 748-1283			30-025-26649	
811 S. First St., Artesia, NM 88210			5. Indicate Type of Lease	
1000 Rio Brazos Rd. Auten NIM 97410			STATE Z	FEE _
District IV = (505) 476-3460 Santa Fe, NM 8/505			6. State Oil & Gas	Lease No.
1220 S. St. Francis Dr., Santa Fe, NMECEIVED 87505			B-1576-3	
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 East Vacuum GB-SA Unit Tract 3229	
1 Type of Well Oil Well Gas Well X Other injection			8. Well Number 007	
2. Name of Operator ConocoPhillips Company			9. OGRID Number 217817	
3. Address of Operator P. O. Box 51810			10. Pool name or Wildcat	
Midland, TX 79710			Vacuum; Grayburg-San Andres	
4. Well Location				
Unit Letter K : 2600	feet from the South	line and <u>2500</u>	feet from	the West line
Section 32 Township 17S Range 35E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3962	<u>' GR</u>			
12. Check Approp	riate Box to Indicate Na	ature of Notice, F	Report or Other I	Data
NOTICE OF INTENTION TO: SUB			EQUENT REF	PORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ALTERING CASING 🗌
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				P AND A
	TPLE COMPL	CASING/CEMENT	JOB 🗌	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: MIT		$[\overline{\mathbf{X}}]$
13. Describe proposed or completed op				
of starting any proposed work). SE proposed completion or recompleti		For Multiple Com	pletions: Attach wo	ellbore diagram of
ConocoPhillips performed the annual MIT to 300#/60 mins - test good.				
Chart attached				
			•	
			•	
	•			
				•
Spud Date:	Rig Release Da	tar		
Spud Date.		LC.		
I hereby certify that the information above is	true and complete to the be	est of my knowledge	and belief.	·
SIGNATURE Them of oten	O A A TITLE Staff R	egulatory Techniciar	n DA'	TE 03/27/2014
SIGNATURE MEMORY AND	7/(/) ITTEL Staff R	egulatory recipiliciai	IDA	11.03/2//2014
Type or print name Rhonda Rogers For State Use Only	E-mail address	: rogerrs@conocopl	hillips.com PHO	ONE: <u>(432)688-9174</u>
Bills	/	A 20		on Va 3 miles
APPROVED BY: / Conditions of Approval (if any):	TITLE ST	A Manag	<u>; e </u>	re 4-3-14
Conditions of Approval (if any).				
			APR	07 2014 \



,