Submit I Copy To Appropriate District	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	OH CONCEDUATION DIVICION	30-025-20527
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 APR 11 L 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	ED	B-1497
	AND REPORTS ON WELLS' O DRILL OR TO DEEPEN OR PLUG BACK TO A I FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Vacuum Abo Unit Tract 6
1 Type of Well Oil Well X Gas W	Vell Dther	8. Well Number 079
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		Vaccum; Abo Reef
4. Well Location		
Unit Letter E: 2311' feet from the North line and 992' feet from the West line		
Section 26 Township 17S Range 35E NMPM County Lea		
l l	Elevation <i>(Show whether DR, RKB, RT, GR,</i> 7' KB	etc.)
	. 152	
12. Check Appro	priate Box to Indicate Nature of Notic	ce, Report or Other Data
NOTICE OF INTEN	TION TO:	UBSEQUENT REPORT OF:
	G AND ABANDON ☐ REMEDIAL W	
		DRILLING OPNS. P AND A
PULL OR ALTER CASING   MUL	TIPLE COMPL	ENT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER: reaci	tivate from TA status
13. Describe proposed or completed o	perations. (Clearly state all pertinent details,	, and give pertinent dates, including estimated date
of starting any proposed work). S proposed completion or recomplet	EE RULE 19.15.7.14 NMAC. For Multiple tion.	Completions: Attach wellbore diagram of
This well is reactivated out of TA status 1/30/14 RIH & DO CIBP @ 8205'. 2/5/14 Acidize w/ 260 bbls Acid & 156 2/6/14 RIH w/260 jts, 2 7/8", 6.5#, L-80 2/11/14 RIH & set TAC w/12 pts tension 2/12/14 RIH w/rods & pump, space out	bbls brine. tbg & set @ 8187'. n. NUWH	
Soud Data	Pia Palaasa Datas	
Spud Date:	Rig Release Date:	
I hereby certify that the information above	is true and complete to the best of my knowle	edge and belief.
SIGNATURE Thomas	TITLE Staff Regulatory Techn	DATE 04/10/2014
SIGNATORE TO A STATE OF	TITLE Staff Regulatory Techn	DATE 04/10/2014
Type or print name Rhonda Rogers C	E-mail address: rogerrs@cond	ocophillips.com PHONE: (432)688-9174
For State Use Only	7-+ 6	1//
APPROVED BY:	rown TITLE DUSC. DU	Ohukaen Date 4/16/2014
Conditions of Approval (if any):		7.7
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		APR # 0 2011
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