

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico

Form C-101
Revised November 14, 2012

Energy Minerals and Natural Resources

Oil Conservation Division

AMENDED REPORT

1220 South St. Francis Dr.

Santa Fe, NM 87505

HOBBS OCD
APR 17 2014
RECEIVED

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address ConocoPhillips Company P. O. Box 51810 Midland, TX 79710		² OGRID Number 217817
		³ API Number 025-35931
⁴ Property Code 31317	⁵ Property Name Gach 31 State	⁶ Well No. 2

⁷ Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
K	31	17S	35E		1980	South	1500	West	Lea

⁸ Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County

⁹ Pool Information

¹⁰ Pool Name Vacuum Cisco/ Corbin Wolfcamp <i>VACUUM</i>	¹¹ Pool Code 61950/13310 <i>62340</i>
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Additional Well Information

¹² Work Type plugback/recomp	¹³ Well Type Oil	¹⁴ Cable/Rotary 	¹⁵ Lease Type State	¹⁶ Ground Level Elevation 4096' GR
¹⁷ Multiple No	¹⁸ Proposed Depth 13,600'	¹⁹ Formation 	²⁰ Contractor 	²¹ Spud Date 06/29/2002
²² Depth to Ground water 	²³ Distance from nearest fresh water well 	²⁴ Distance to nearest surface water 		

²⁵ Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
surface	17 1/2"	13 3/8"	48#	446'	500 sx	0
intermedia	12 1/4"	9 5/8"	40#	4801'	1550 sx	0
production	8 3/4" 7 7/8"	5 1/2"	17#	13,588'	1050 sx	0

Casing/Cement Program: Additional Comments

During this procedure we plan to use the Closed-Loop System and haul content to the required disposal."

²⁶ Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Hydraulic			

²⁷ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.
 I further certify that I have complied with 19.15.14.9 (A) NMAC and/or 19.15.14.9 (B) NMAC , if applicable.

Signature: *Rhonda Rogers*
 Printed name: Rhonda Rogers

Title: Staff Regulatory Technician

E-mail Address: rogers@conocophillips.com

Date: 04/16/2014

Phone: (432)688-9174

OIL CONSERVATION DIVISION

Approved By: *[Signature]*

Title: Petroleum Engineer

Approved Date: *05/09/14* Expiration Date: *05/09/16*

Conditions of Approval Attached

MAY 12 2014