| Submit 1 Copy To Appropriate District Office   | State of New Me                 | exico         | Form C-103                             |           |
|--|---------------------------------|---------------|--|-----------|
| District I – (575) 393-6161 Energy, Minerals and Natural Resources   |                                 | ral Resources | Revised July 18, 2013                  |           |
| 1625 N. French Dr., Hobbs, NM 88240  |                                 |               | WELL API NO.                           |           |
| District II - (575) 748-1283<br>811 S. First St., Artesia, NM 88210 HOBBS OF CONSERVATION DIVISION   |                                 |               | 30-025-20232                           |           |
| <u>District III</u> – (505) 334-6178 1220 South St. Francis Dr.  |                                 |               | 5. Indicate Type of Lease STATE ⊠ FEE  | . 🗖 🔝 📗   |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> – (505) 476-3460  UN 0 9 2014  Santa Fe, NM 87505   |                                 |               | 6. State Oil & Gas Lease No.           |           |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |                                 |               | B-1400-11                              |           |
| SUNDRY NOTHE REPORTS ON WELLS  |                                 |               | 7. Lease Name or Unit Agree            | ment Name |
| (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.)  |                                 |               | Vacuum Glorieta East Unit /<br>Tract 6 |           |
| 1. Type of Well: Oil Well Gas Well Other   |                                 |               | 8. Well Number                         |           |
| 2. Name of Operator  |                                 |               | 9. OGRID Number                        |           |
| ConocoPhillips Company  2. Address of Operator   |                                 |               | 217817<br>10. Pool name or Wildcat     |           |
| 3. Address of Operator P.O. Box 51810 Midland, TX 79710  |                                 |               | Vacuum Glorieta                        |           |
| 4. Well Location   |                                 |               |  |           |
| Unit Letter J:   | 2310 feet from the South        | line and      | 980 feet from the Eas                  | at line   |
| Section 33   |                                 | ange 35-E     | NMPM County                            |           |
|  | 11. Elevation (Show whether DR, |               |  |           |
| and the second s | 3956                            |               |  |           |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |                                 |               |  |           |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |                                 |               |  |           |
| PERFORM REMEDIAL WORK  |                                 | CASING        |  |           |
|  |                                 |               | LLING OPNS. P AND A                    | Ø ⊠       |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN   |                                 |               |  |           |
| DOWNHOLE COMMINGLE   |                                 |               |  |           |
| CLOSED-LOOP SYSTEM   |                                 |               |  |           |
| OTHER:   |                                 | OTHER:        |  |           |
| 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 re  | ecompletion.                    |               |  |           |
|  |                                 |               |  |           |
| 5/28/14MIRU  |                                 |               |  |           |
| 5/29/14Tag CIBP @ 5,   | 886'                            |               |  |           |
| 5/30/14Circ hole w/ MLF. Spot 25sx cmt @ 5,886' to 5,632'  |                                 |               |  |           |
| Spot 25sx cmt  |                                 |               |  |           |
| 6/2/14Tag TOC @ 4,230'. Spot 25sx cmt @ 3,737' – Tag @ 3,502'  |                                 |               |  |           |
| Spot 65sx cmt @ 3,170'   |                                 |               |  |           |
| 6/3/14Tag TOC @ 2,498'. Spot 25sx cmt @ 1,679' – Tag @ 1,388'  |                                 |               |  |           |
| Perf @ 60' 6/4/14Could not Sqz. Pump 10sx cmt @ 96' to surface. RDMO   |                                 |               |  |           |
| - Court into square into squar |                                 |               |  |           |
| ,  |                                 |               | •                                      | •         |
| Saud Data: 11/25/  | 63                              |               | 12/13/63                               |           |
| Spud Date:   | Rig Release Da                  | ite:          | 12/15/65                               |           |
|  |                                 |               |  |           |
|  |                                 |               |  |           |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |                                 |               |  |           |
|  |                                 |               |  |           |
| SIGNATURE TITLEP&A Tech - Basic Energy Services DATE 6/5/14  |                                 |               |  |           |
|  |                                 |               |  |           |
| Type or print nameGreg Bryant E-mail address: PHONE:432-563-3355   |                                 |               |  |           |
| For State Use Only   |                                 |               |  |           |
| APPROVED BY: Walund Title Dist. Supervisor Date 6/9/201420   |                                 |               |  |           |
| Conditions of Approval (if any):   |                                 |               |  |           |
| JUN 10 2014  |                                 |               |  |           |
|  |                                 |               | <del>-</del> , -,                      | •         |