Submit 1 Copy To Appropriate District Form C-103 State of New Mexico Office Energy, Minerals and Natural Resources Revised August 1, 2011 District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-025-26401 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE X 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM B-1608 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name East Vacuum GB-SA Unit (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Tract 3332 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 001 1. Type of Well: Oil Well Gas Well X Other Injection Well 2. Name of Operator ConocoPhillips Company HOBBS OCD 9. OGRID Number 217817 3. Address of Operator P. O. Box 51810 Midland, TX 79710 MAR 3 0 2015 10. Pool name or Wildcat Vacuum; GB-SA 4. Well Location RECHIVER 1310 : 200 Unit Letter A feet from the North feet from the East line Township 17S Section 33 Range 35E **NMPM** County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3948' KB 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ALTERING CASING PERFORM REMEDIAL WORK □ PLUG AND ABANDON REMEDIAL WORK **TEMPORARILY ABANDON CHANGE PLANS** П COMMENCE DRILLING OPNS.□ P AND A П PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB \Box DOWNHOLE COMMINGLE П OTHER: 5 year MIT 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 Company conducted a charted 5 year MIT on 2/12/15 to 600#/35 mins - test good. Chart attached. Rig Release Date: Spud Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Staff Regulatory Technician DATE 03/25/2015 SIGNATURE E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174 Type or print name Rhonda Rogers For State Use Only Staff Manage APPROVED BY: TITLE Conditions of Approval (if any):

APR 0 2 2015

