Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Revised August 1, 2011 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-26778 District II - (575) 748-1283 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 FEE 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 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A East Vacuum GB-SA Unit Tract 2721 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Gas Well X Other Injection Well HOBBS OCD 8. Well Number 002 1. Type of Well: Oil Well Name of Operator
ConocoPhillips Company 9. OGRID Number MAR 3 0 2015 217817 3. Address of Operator P. O. Box 51810 Midland, TX 79710 10. Pool name or Wildcat Vacuum; GB-SA RECEIVED 4. Well Location Unit Letter N : 1300 line and 2600 feet from the South feet from the West Section 27 Township 17S Range 35E **NMPM** County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3931' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING □ П **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS.□ P AND A MULTIPLE COMPL CASING/CEMENT JOB PULL OR ALTER CASING DOWNHOLE COMMINGLE \Box OTHER: 5 year MIT 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 recompletion. ConocoPhillips Company conducted a charted 5 year MIT on 2/17/15 to 580#/32 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 SIGNATURE DATE 03/25/2015 Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174 For State Use Only Staff Wanager Conditions of Approval (if any):

APR 0 2 2015

