Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
istrict I – (575) 393-6161 Energy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.	٦	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	5) 748-1283 OUL CONCEDIA TION DIVISION		30-025-27295	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Fran		5. Indicate Type of Lease	7
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87		STATE X FEE	_
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa I e, Ivivi o /	505	6. State Oil & Gas Lease No.	
87505	EIGES AND DEPONTS ON MET LS		B-2735	_
SUNDRY NOTICES AND REPORTS ON WELLS (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.)			7. Lease Name or Unit Agreement Name East Vacuum GB-SA Unit Tract 2672	
1. Type of Well: Oil Well	Gas Well X Other Injection Wells OCD		8. Well Number 001	
2. Name of Operator ConocoPhillips Company			9. OGRID Number	7
3. Address of Operator P. O. Box 51810 MAR 3 0 2015			217817 10. Pool name or Wildcat	-
Midland, 7		5 4 2 6 6	Vacuum; GB-SA	
4. Well Location	PF	CEIVED		7
	feet from the North	line and <u>50</u>	feet from the East line	
Section 26		nge 35E	NMPM County Lea	
A PARTY NAME OF THE PARTY NAME	11. Elevation (Show whether DR, 3914' GL	KKB, KI, GK, etc.)		
	3714 QE			
12. Check	Appropriate Box to Indicate Na	ature of Notice, I	Report or Other Data	
NOTICE OF IN	NTENTION TO:	ا ا	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	· ·	REMEDIAL WORK		
TEMPORARILY ABANDON				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB 🗌	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: 5 year M	IT 🛛	
13. Describe proposed or comp		pertinent details, and	I give pertinent dates, including estimated dat	e
of starting any proposed w proposed completion or re-		C. For Multiple Con	npletions: Attach wellbore diagram of	
ConocoPhillips Company conducted a charted 5 year MIT on 2/26/15 to 580#/30 mins - test good.				
Chart attached.				
Spud Date:	Rig Release Da	te:		
		<u> </u>	- unama-	
I haraby partify that the information	a above is true and complete to the be	est of my knowledge	and helief	_
Thereby certify that the information	above is true and complete to the be	st of my knowledge	c and benef.	
(24 (1	9			
SIGNATURE Showdy	TITLE Staff R	egulatory Technicia	DATE 03/25/2015	
Type or print name Rhonda Rogers	E-mail address	: rogerrs@conocop	ohillips.com PHONE: (432)688-9174	_
For State Use Only			-	
APPROVED BY: Bill Lan	mamaker TITLE S	HAR MANION	er DATE 4/01/2015	
Conditions of Approval (if any):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,0,7=0	_
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