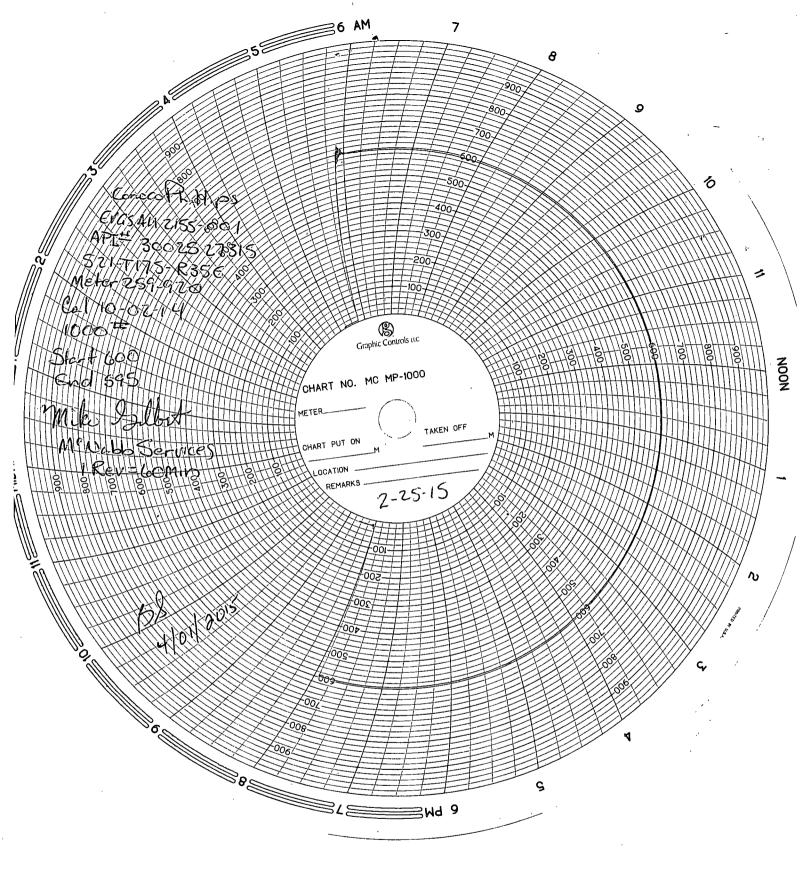
Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and N	atural Resources	Revised August 1, 2011 WELL API NO.
<u>District 11</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION	ON DIVISION	30-025-27315 <b>/</b> 5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. F		STATE X FEE
<u>District IV</u> – (505) 476-3460 1220/S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM	87505	6. State Oil & Gas Lease No.
87505	ICES AND REPORTS ON WEL	1 C	B-2264-1  7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPC DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	SALS TO DRILL OR TO DEEPEN OR CATION FOR PERMIT" (FORM C-101	PLUCIBLE OCD	East Vacuum GB-SA Unit Tract 2155
1 Type of Well: Oil Well	Gas Well X Other Injection V	Wellar 3 0 2015	8. Well Number 001
Name of Operator     ConocoPhilli	ps Company	MILII O A FOID	9. OGRID Number 217817
3. Address of Operator P. O. Box S. Midland, T.	51810	RECEIVED	10. Pool name or Wildcat Vacuum; GB-SA
4. Well Location			
Unit Letter O: 1175 feet from the South line and 2500 feet from the East line  Section 21 Township 17S Range 35E NMPM County Lea			
Section 21	Township 17S  11. Elevation (Show whether I	Range 35E DR, RKB, RT, GR, etc.	
3957' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTÉNTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS  MULTIPLE COMPL	COMMENCE DRI	
DOWNHOLE COMMINGLE			
OTHER:	lated an austion a (Claudy state of	OTHER: 5 year M	
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 2/25/15 to 600#/30 mins - test good. Chart attached.			
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		·	
Spud Date:	Rig Release	Date:	
hereby certify that the information above is true and complete to the best of my knowledge and belief.			
hereby certify that the information above is true and complete to the best of my knowledge and benefit.			
SIGNATURE Months and South TITLE Staff Regulatory Technician DATE 03/25/2015			
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174  For State Use Only			
APPROVED BY: Bill Somanah TITLE Staff Manager DATE 4/01/2015			
Conditions of Approval (if any):			



R