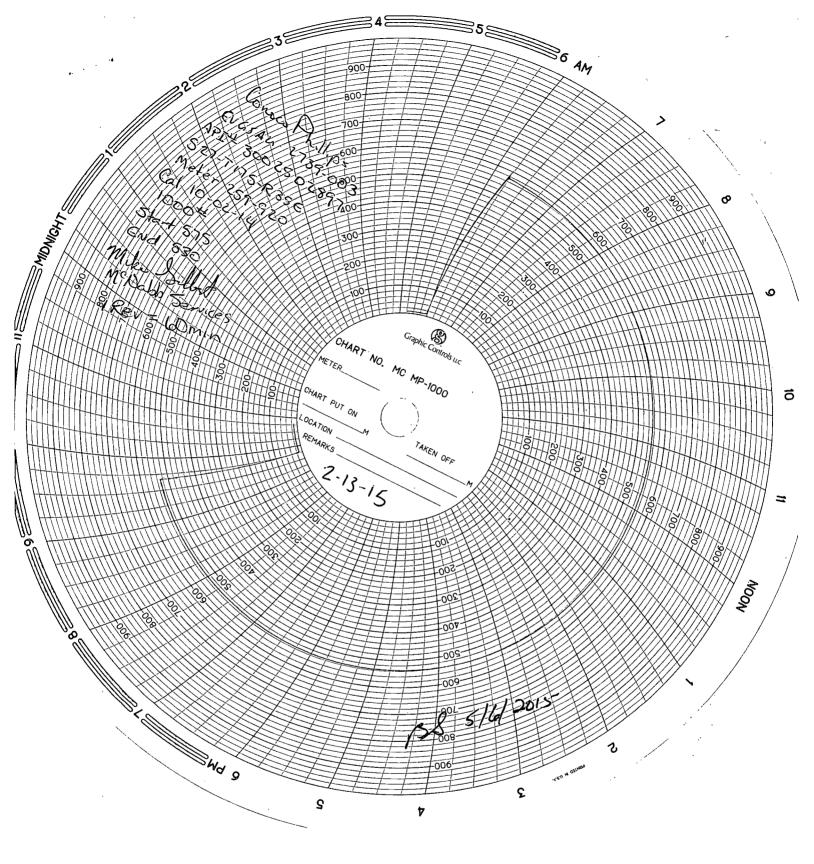
Submit 1 Copy To Appropriate District Office	Enarry Minarals and Natural Passyrass		Form C-103 Revised August 1, 2011
<u>District I</u> = (575) 393-6161 Energy, Millerais and Natural Resources 1625 N. Frencl₹ Dr., Hobbs, NM 88240		WELL API NO.	
District II - (575) 748-1283	District II – (575) 748-1283 OIL S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-025-02897
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178			5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV ~ (505) 476-3460	Aziec, NM 87410 Santa Fa. NIM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	- ',		B-2840
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPL	DSALS TO DRILL OR TO DEEPEN OR PLICATION FOR PERMIT" (FORM C-101) F	UG BACK TO A	East Vacuum GB-SA Unit Tract 2739
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other Injection We	HOBBS OCD	8. Well Number 003
2 Name of Operator	ips Company	APR 2 1 2015	9. OGRID Number 217817
3. Address of Operator P.O. Box	51810	7-70	10. Pool name or Wildcat
Midland,	TX 79710	DECEIVED	Vacuum; GB-SA
4: Well Location		ALTO	
	1980 feet from the South		
Section 27		ange 35E	NMPM County Lea
	11. Elevation (Show whether DR 3927' GR	, RKB, RT, GR. etc.,	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	NTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	L JOB
DOWNHOLE COMMINGLE			
OTHER:		OTHER: 5 year M	IT 🔯
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 ran the 5 year MIT on 2/13/15 to 575#/35 mins- test past.			
Chart attached.			
			•
			•
Spud Date:	Rig Release Da	ate:	
		<u> </u>	
			11.11.6
I hereby certify that the information	above is true and complete to the b	est of my knowledge	e and belief.
. ()1()	7 ~		
SIGNATURE Thoras	TITLE Staff F	Regulatory Technicia	n DATE 03/30/2015
Trump on maint name Planta P	Ti mail adding		shilling com DHONE: (422)(00 0174
Type or print name <u>Rhonda Rogers</u> For State Use Only	E-mail address	s: rogerrs@conocop	hillips.com PHONE: <u>(432)688-9174</u>
2 n	2	1 60	
APPROVED BY: Quel	onnand TITLE S	taff Manag	DATE 5/6/2015
Conditions of Approval (if any):		·	ſ

MAY 0 8 2015

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