Submit I Copy To Appropriate District Office	State of New Mexico		Form C-	
District I- (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1,	2011
1625 N, French Dr. Hobbs, NM 88240 District II + (575) 748-1283		WELL API NO. 30-025-26382		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		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 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM			A-1320	
87505 SUNDRY NOT	CES AND REPORTS ON WE	LLS	7. Lease Name or Unit Agreement Name	me
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLHG BACK TO A			East Vacuum GB-SA Unit Tract 2801	
1. Type of Well: Oil Well	Gas Well Other Injection		8. Well Number 005	
Name of Operator ConocoPhilli	ps Company	APR 2 1 2015	217017	
3. Address of Operatorp. O. Box 5 Midland, T	51810	RECEIMED	10. Pool name or Wildcat Vacuum; GB-SA	
4. Well Location			Vacuum, GB-SA	
	2630 feet from the South	line and 1310	feet from the West	line
Section 28	Township 17S	Range 35E	NMPM County Lea	ime
Section 28	11. Elevation (Show whether			_
	3956' GL	DN, KKD, K1, OK, CIC.)		
	<u> </u>			
12. Check A	Appropriate Box to Indicate	e Nature of Notice,	Report or Other Data	
NOTICE OF IN	TENTION TO	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				; 🖂
TEMPORARILY ABANDON			***************************************	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			「JOB □	
DOWNHOLE COMMINGLE			·	
OTHER.		OTUED: 5	ver.	
OTHER: 13 Describe proposed or comp	leted operations (Clearly state	OTHER: 5 year M	II I give pertinent dates, including estimate	X date
	ork). SEE RULE 19.15.7.14 NN		npletions: Attach wellbore diagram of	u date
	•			
ConocoPhillips Company ran the	5 year MIT on 2/19/15 to 580#/	35 mins- test past.		
Chart attached.				
<u> </u>				
Spud Date:	Rig Release	: Date:		
I hereby certify that the information	above is true and complete to th	e best of my knowledge	e and belief.	
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(-/l /i	\sim \sim			
SIGNATURE Monde	TITLE Star	ff Regulatory Technicia	n DATE 03/30/2015	
Type or print name Rhonda Rogers	O mail add	ress: rogerrs@conocop	ohillips.com PHONE: (432)688-9174	1
For State Use Only	E-man add	ress. rogerts(@conocop	7 110NL. (432)000-91/4	
0.0	4	01/0 0	/ 1	_
APPROVED BY: Stll Som	anahTITLE	Staff Wlandy	DATE 5/6/2015	
Conditions of Approval (if any):			, , , , , , , , , , , , , , , , , , ,	
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