Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Revised August 1, 2011 Energy, Minerals and Natural Resources District.1 $\stackrel{?}{=}$ (575) 393-6161 WELL API NO. 1623 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-025-26389 **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 B-1400-3 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name East Vacuum GB-SA Unit (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 Tract 3315 Gas Well Other Injection Well PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well 006 2. Name of Operator APR 2 1 2015 9. OGRID Number ConocoPhillips Company 217817 3. Address of Operator P. O. Box 51810 Midland, TX 79710 10. Pool name or Wildcat Vacuum; BG-SA 4. Well Location Unit Letter J : 2630 feet from the South line and 1334 feet from the East line Section 33 Township 17S Range 35E **NMPM** County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3940' 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 [**CHANGE PLANS** TEMPORARILY ABANDON COMMENCE DRILLING OPNS. P AND A MULTIPLE COMPL PULL OR ALTER CASING П CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: OTHER: 5 year MIT 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 has conducted the 5 year MIT on 2/11/15 to 550#/32 mins - test good chart attached Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE <u>04/06/2015</u> TITLE Staff Regulatory Technician Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174 For State Use Only Staff Manage Conditions of Approval (if any):

MAY 0 8 2015

