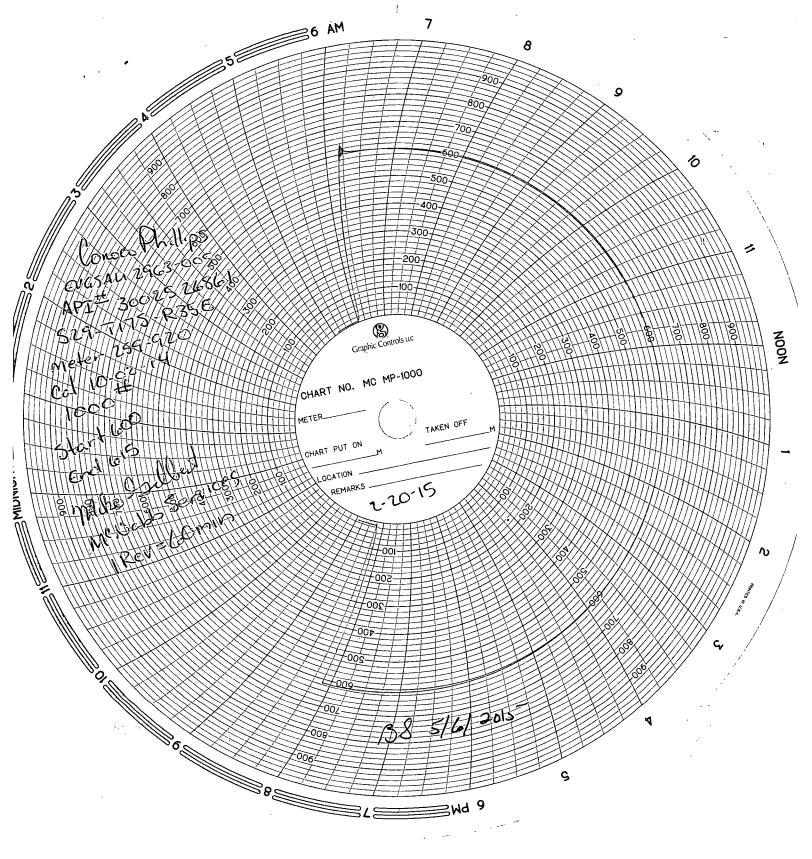
Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Energy, Minerals and Natural Resources Revised August 1, 2011 District I - (575) 393-6161 WELL APINO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-025-26861 OIL CONSERVATION DIVISION 811 S. First St., Artesia, 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 District IV - (505) 476-3460 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACKES OCD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR WORLD East Vacuum GB-SA Unit Tract 2963 PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well Other Injection Well 005 2. Name of Operator ConocoPhillips Company 9. OGRID Number 217817 3. Address of Operator P. O. Box 51810 Midland, TX 79710 RECEIVED 10. Pool name or Wildcat Vacuum: GB-SA 4. Well Location : 90 Unit Letter M feet from the South line and 50 feet from the West line Township 17S Section 29 Range 35E **NMPM** County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3973' 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** \Box COMMENCE DRILLING OPNS. P AND A \Box PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB П DOWNHOLE COMMINGLE OTHER: 5 year MIT OTHER: 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 2/20/2015 to 600#/32 mins - test good Chart attached Rig Release Date: Spud Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Staff Regulatory Technician DATE 04/20/2015 Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174 For State Use Only Stuff Manager TITLE Conditions of Approval (if any):

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