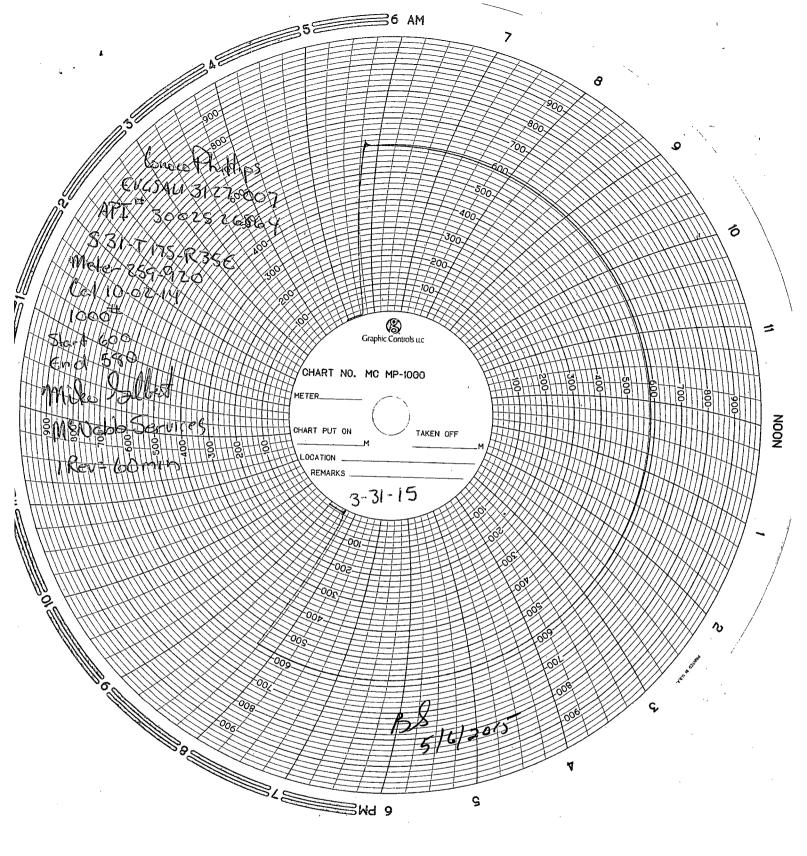
Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161 En			Revised August 1, 2011 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		30-025-26864	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE 6. State Oil & Gas Lease No.	
20 S. St. Francis Dr., Santa Fe, NM			B-1527	
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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			East Vacuum GB-SA Unit Tract 3127	
1. Type of Well: Oil Well Gas Well Other Injection Well OBBS OCD			8. Well Number 007	
2. Name of Operator Conoco Phillips Company			9. OGRID Number	
3. Address of Operator P. O. Box 51810			217817 10. Pool name or Wildcat	
Midland, TX 79710			Vacuum; GB-SA	
4. Well Location RECEIVED				
Unit Letter J: 2560 feet from the South line and 2550 feet from the East line				
Section 31	Township 17S Range		NMPM	County Lea
1 . I	evation (Show whether DR, RKB,	RT, GR, etc.)		
3985'	GR			, 344
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A DOWNHOLE COMMINGLE CASING/CEMENT JOB CASING/CEMENT JOB COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB CASING/CEMENT				
OTHER:	OTH	IER: 5 year MI	T	<u> </u>
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 the 5 year MIT on 3/31/15 to 600#/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.				
		•		
SIGNATURE Money	TITLE Staff Regulat	tory Technician	n	DATE 04/23/2015
Type or print name Rhonda Rogers	E-mail address: rog	errs@conocopl	hillips.com	PHONE: <u>(432)688-9174</u>

Type or print name Rhonda Rogers
For State Use Only

APPROVED BY: Conditions of Approval (if any):

MAY 0 8 2015

TITLE Staff Manager DATE 5/6/2015



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