Submit 1 Copy To Appropriate District Office . * V <u>District 1</u> – (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		Form C-103 Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			WELL API NO.  30-025-26926  5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St Santa Fe, N		STATE X FEE   6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sunta 1 0, 14	IVI 07303	B-1527
SUNDRY NOTICES AND REPORTS ON WELLS  (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			7. Lease Name or Unit Agreement Name East Vacuum GB-SA Unit Tract 3127
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other Injection Well			8. Well Number <sub>004</sub>
2. Name of Operator ConocoPhill	ips Company	APR 2 1 2015	9. OGRID Number 217817
3. Address of Operator P. O. Box Midland,	51810 FX 79710	RECEIVED	10. Pool name or Wildcat Vacuum; GB-SA
4. Well Location	,		
	feet from the Sou		feet from the East line
Section 31	Township 17S	Range 35E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3972' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING DOWNHOLE COMMINGLE	CHANGE PLANS	REMEDIAL WOR COMMENCE DRI	LLING OPNS. P AND A
OTHER:	٣	OTHER: 5 year M	nr 🔽
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 2/11/15 to 560#/35 mins- test past. Chart attached.			
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Spud Date:	Rig Relea	ase Date:	
hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Mond	TITLE S	Staff Regulatory Technici	an DATE <u>03/30/2015</u>
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174  For State Use Only			
APPROVED BY: Bell Sommand TITLE Staff Manager DATE 5/6/2015			
Conditions of Approval (if any):			,

MAY 0 8 2015 (

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