Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised August 1, 2011 District I - (575) 393:6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 30-025-27344 **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-1497 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 East Vacuum GB-SA Tract 2622 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Gas Well Other Injection Well OBBS OCD 8. Well Number 1. Type of Well: Oil Well 007 2. Name of Operator ConocoPhillips Company 9. OGRID Number APR 21 2015 217817 3. Address of Operator P. O. Box 51810 Midland, TX 79710 10. Pool name or Wildcat Vacuum; GB-SA RECEIVED 4. Well Location : 50 Unit Letter D feet from the North line and 200 feet from the West line Section 26 Township 17S Range 35E County Lea **NMPM** 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3926' 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 **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A **PULL OR ALTER CASING** П MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE - $\Box$ 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 2/26/15 to 620#/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. SIGNATURI TITLE Staff Regulatory Technician DATE 04/06/2015 Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174 For State Use Only Stuff Manage Conditions of Approval (if any):

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