

Submit 1 Copy To Appropriate District  
Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised August 1, 2011

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-03018
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> <b>HOBBS OCD</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 51810 Midland, TX 79710		7. Lease Name or Unit Agreement Name East Vacuum GB-SA Unit Tract 3456
4. Well Location Unit Letter <u>E</u> : 1980 feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>34</u> Township <u>17S</u> Range <u>35E</u> NMPM County <u>Lea</u>		8. Well Number 003
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3943' GR		9. OGRID Number 217817
		10. Pool name or Wildcat Vacuum; GB-SA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

**NOTICE OF INTENTION TO:**  
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

**SUBSEQUENT REPORT OF:**  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: preparing wellbore for P&A ☒

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.

3/31/15 pump 360 sxs cmt 1/2% calcium chloride  
4/1/15 pump 400 sxs class C cmt  
4/2/15 RIH w/bit & scrapper & tag @ 2328. POOH w/bit & scrapper. RIH w/CIBP & set @ 2325'. MO  
This well will be P&A'd per aprvd NOI on 5/5/15.

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

*Rhonda Rogers*

TITLE Staff Regulatory Technician

DATE 05/05/2015

Type or print name Rhonda Rogers

E-mail address: rogersr@conocophillips.com

PHONE: (432)688-9174

**For State Use Only**

APPROVED BY:

*Mary Brown*

TITLE Dist Supervisor

DATE 5/14/2015

Conditions of Approval (if any):

MAY 14 2015

*jm*