

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

Form C-103
 Revised August 1, 2011

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

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 PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other INJECTION WELL

2. Name of Operator
 ConocoPhillips Company ✓

3. Address of Operator
 P. O. Box 51810
 Midland, TX 79710

4. Well Location
 Unit Letter F : 2316 feet from the NORTH line and 1980 feet from the WEST line
 Section 34 Township 17S Range 35E NMPM County LEA ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

WELL API NO. 30-025-03024 ✓

5. Indicate Type of Lease
 STATE FEE ✓

6. State Oil & Gas Lease No.
 31158

7. Lease Name or Unit Agreement Name
 VACCUM ABO UNIT TRACT 08 ✓

8. Well Number 009 ✓

9. OGRID Number 217817 ✓

10. Pool name or Wildcat
 VACUUM; ABO REEF

HOBBS OCD
 MAR 17 2016
 RECEIVED

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: 5 YEAR MIT <input checked="" type="checkbox"/>	

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 2/12/16 TO 540#/32 MINS - TEST GOOD. CHART ATTACHED

Spud Date:

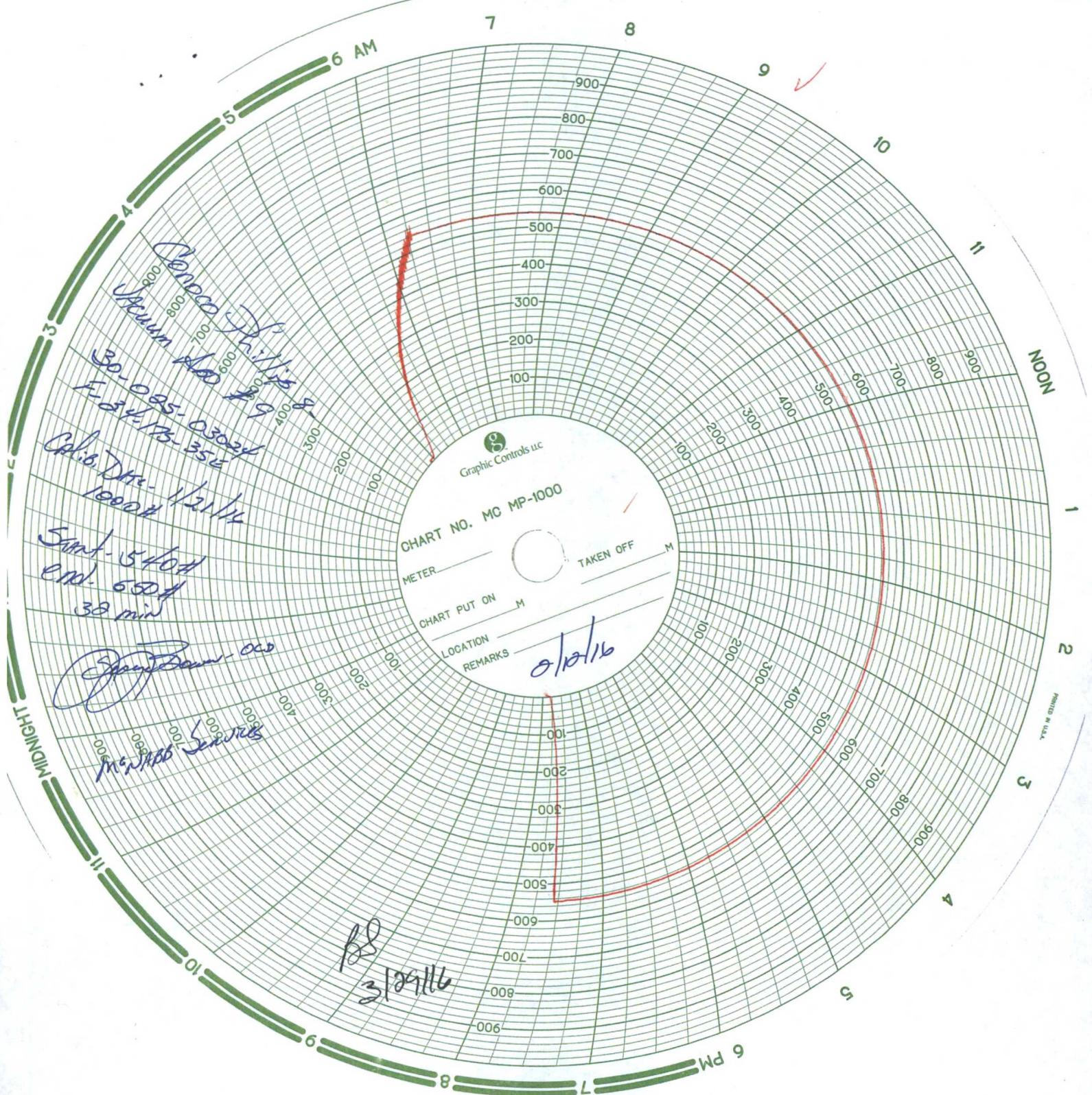
Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief. GB

SIGNATURE Rhonda Rogers TITLE Staff Regulatory Technician DATE 03/03/2016
 Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

For State Use Only
 APPROVED BY: Bill Samama TITLE Staff Manager DATE 3/29/16
 Conditions of Approval (if any):

MAR 30 2016 hr



Bonoco Phillips
 Vacuum Ad 8
 30-085-03024
 FL 54175-354
 Cal's Dr. 1/21/14
 10004
 Sumt. 5404
 end. 604
 30 min

James Brown - oco
 mca 1000 Sensors

BS
 3/24/16

Graphic Controls inc
 CHART NO. MC MP-1000
 METER _____ TAKEN OFF M _____
 CHART PUT ON M _____
 LOCATION _____
 REMARKS 0/12/16