

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

Form C-103
 Revised August 1, 2011

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.)		WELL API NO. 30-025-42714
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION		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. B-1497
3. Address of Operator P. O. Box 51810 Midland, TX 79710		7. Lease Name or Unit Agreement Name EAST VACUUM UNIT TRACT 2739
4. Well Location Unit Letter <u>L</u> : 2130 feet from the <u>SOUTH</u> line and <u>1120</u> feet from the <u>WEST</u> line Section <u>27</u> Township <u>17S</u> Range <u>35E</u> NMPM County <u>LEA</u>		8. Well Number <u>522</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3940' GL		9. OGRID Number 217817
10. Pool name or Wildcat VACUUM; GRAYBURG, SAN ANDRES		

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

E-PERMITTING <SWD _____ INJECTION _____>
 CONVERSION _____ RBDMS MB
 RETURN TO _____ TA Am.
 CSNG _____ ENVIRO _____ CHG LOC _____
 INT TO PA _____ P&A NR _____ P&A R _____

SUBSEQUENT REPORT OF:
 REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER: place wellbore in TA status

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.

11/09/16 ConocoPhillips Company ran an MIT to 560#/32 mins - test good, chart attached. This is to place this well in TA status per 6/1/16 APRVD NOI request.
 Attached is the BH test conducted 11/9/16.
 Attached is a current wellbore schematic.

This Approval of Temporary Abandonment Expires 11/9/2021

Spud Date:

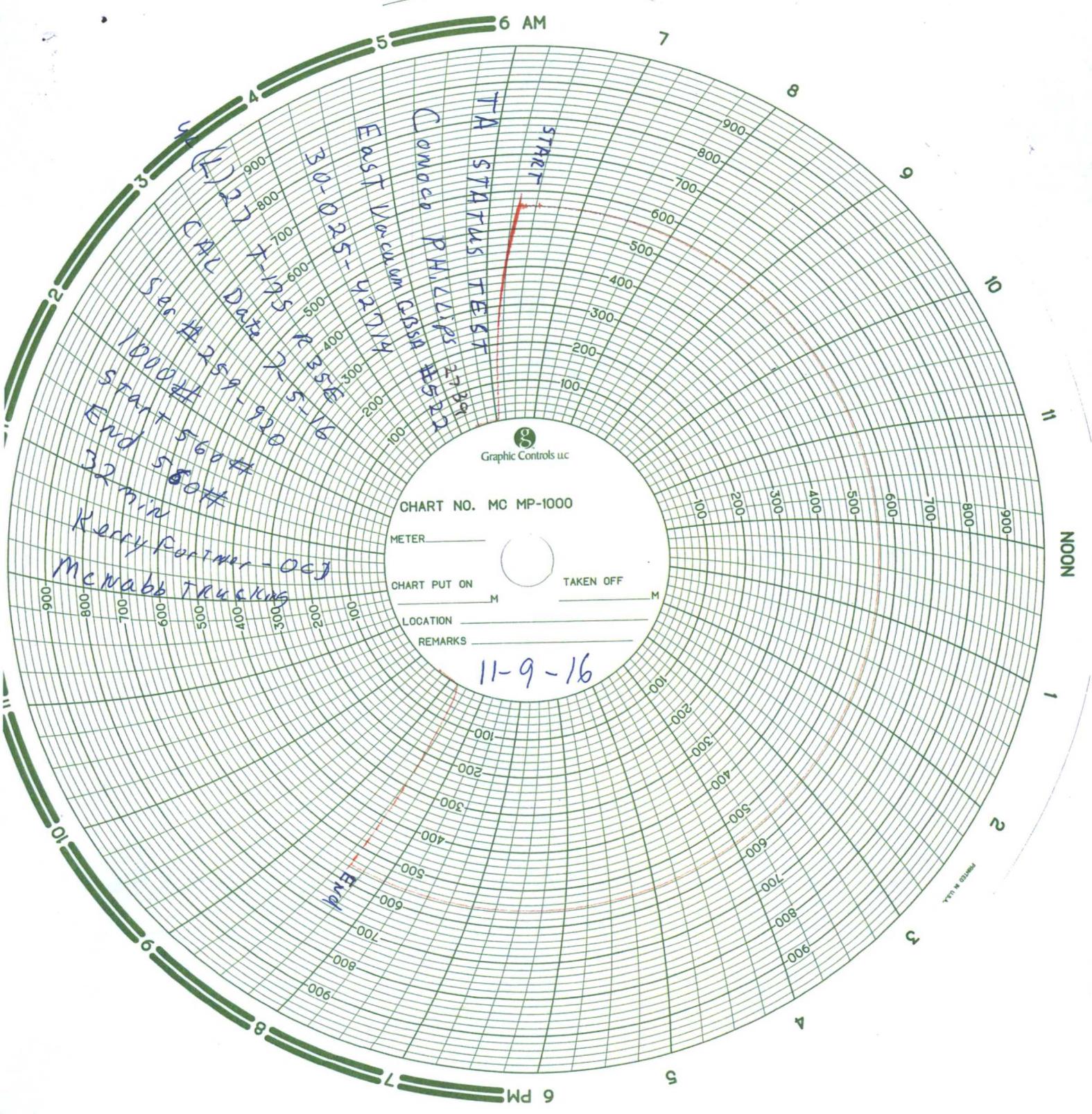
Rig Release Date:

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 11/14/2016

Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

For State Use Only
 APPROVED BY: Mary J Brown TITLE Dist. Supervisor DATE 11/22/2016
 Conditions of Approval (if any)



Graphic Controls LLC

CHART NO. MC MP-1000

METER _____

CHART PUT ON _____ M

TAKEN OFF _____ M

LOCATION _____

REMARKS _____

11-9-16

TA STATUS TEST
 Conoco Phillips 27801
 East Warren CBSEA
 30-025-02714
 30-025-03516

SEC # 259-920
 1000#
 Start 560#
 End 580#
 32 min

Kerry Fortner - OCJ
 McWabb Trucking

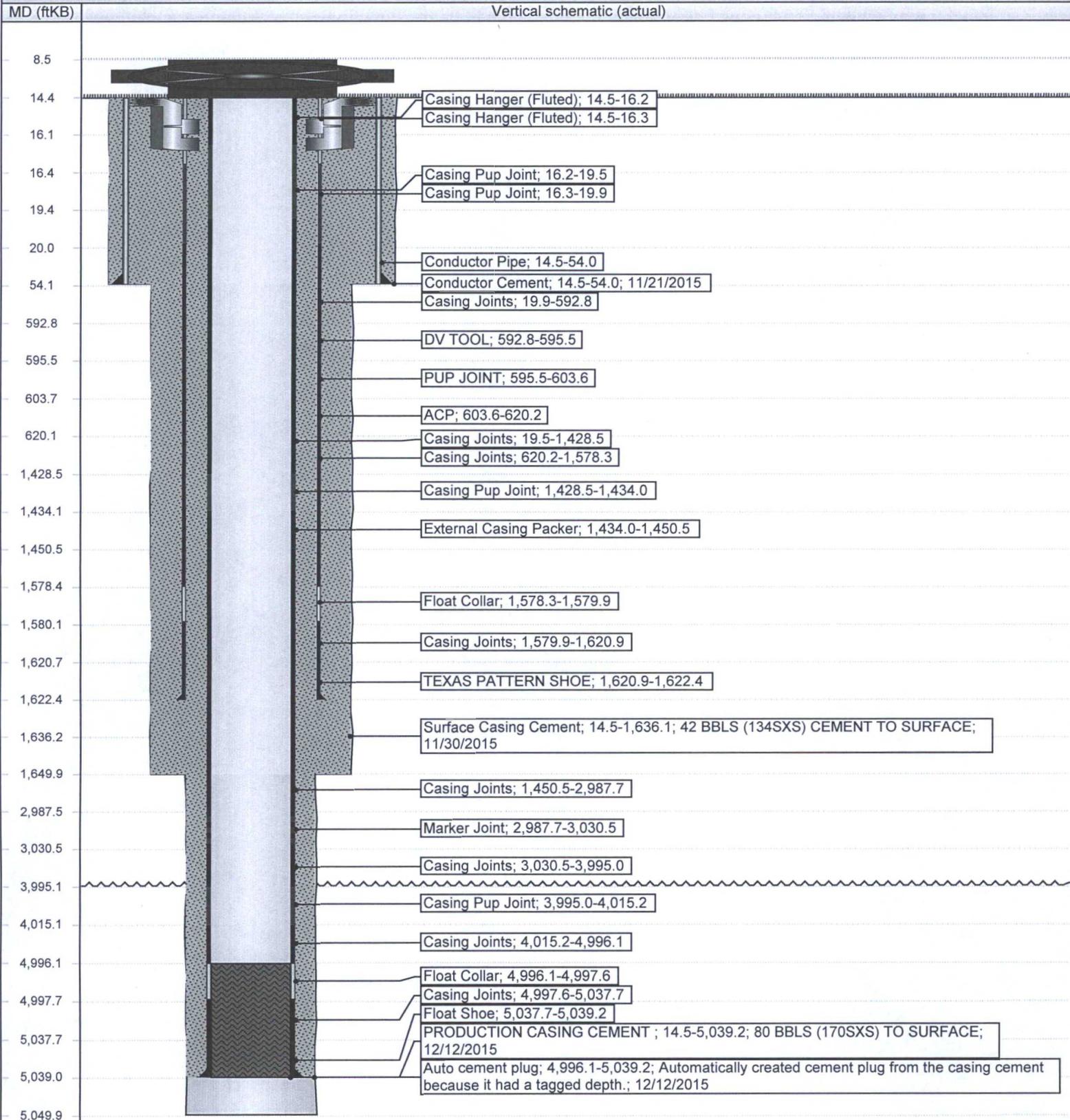
End

TTI 010000

EAST VACUUM GBSA UNIT 2739-W522

District PERMIAN CONVENTIONAL	Field Name VACUUM	API / UWI 3002542714	County LEA	State/Province NEW MEXICO
Original Spud Date 11/25/2015	Surface Legal Location Sec. 27, T17S, R35E, N.M.P.M.	East/West Distance (ft) 1,120.00	East/West Reference FWL	North/South Distance (ft) 2,130.00
		North/South Reference FSL		

VERTICAL - Original Hole, 11/14/2016 12:59:20 PM



State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office
 BRADENHEAD TEST REPORT

Operator Name ConocoPhillips Company	API Number 3002542714
Well Name East Vacuum GB-SA 2739	Well No 522W

Surface Location

UL - Lot	SEC	Tnsp	Range	Feet From	N/S Line	Feet From	E/W Line	County
L	27	17S	35S	2130	S	1529	W	LEA

Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input type="radio"/>	INJECTOR INJ <input checked="" type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 11-9-16
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OBSERVED DATA

	(A)Surface	(B)Interm (1)	(C)Interm (2)	(D) Prod Csg	(E)Tubing
Pressure	0	-	-	0	0
Flow Characteristics					CO2___
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR___
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS___
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Down to Nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	

Remarks- Please state for each string (A,B,C,D) pertinent information regarding bleed down or continuous build up if applies.

Signature: 	OIL CONSERVATION DIVISION
Print name: Alex Cardenas	Entered in RBDMS
Title: MSO	Re-test
E-mail Address: Alex.R.Cardenas@conocophillips.com	
Date: 11/9/16	Phone:
Witness: 