

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

HOBBBS OCD  
 RECEIVED  
 MAR 06 2017

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

WELL API NO. 30-025-27343	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name EAST VACUUM GB-SA UNIT TRACT 2060	<input checked="" type="checkbox"/>
8. Well Number 001	<input checked="" type="checkbox"/>
9. OGRID Number 217817	<input checked="" type="checkbox"/>
10. Pool name or Wildcat VACUUM; GB-SA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 INJ WELL

2. Name of Operator  
ConocoPhillips Company

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

4. Well Location  
 Unit Letter K : 1325 feet from the SOUTH line and 2525 feet from the WEST line  
 Section 20 Township 17S Range 35E NMPM County LEA

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

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

2/21/17 CONOCOPHILLIPS COMPANY CONDUCTED THE 5 YEAR MIT TO 560#/32 MINS - TEST GOOD. CHART ATTACHED  
 BRADENHEAD TEST 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.

SIGNATURE Rhonda Rogers TITLE Staff Regulatory Technician DATE 03/01/2017

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

**For State Use Only**

APPROVED BY: [Signature] TITLE Compliance Officer DATE 3/9/17  
 Conditions of Approval (if any):

