

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

HOBBS OGD  
 FEB 26 2018  
 RECEIVED

<p style="text-align: center;"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p>(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.)</p> <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTION WELL</p> <p>2. Name of Operator          ConocoPhillips Company</p> <p>3. Address of Operator          P. O. Box 51810          Midland, TX 79710</p> <p>4. Well Location          Unit Letter N : 471 feet from the SOUTH line and 1759 feet from the WEST line          Section 32 Township 17S Range 35E NMPM County LEA</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)          3947' GL</p>	<p>WELL API NO.          30-025-42723</p> <p>5. Indicate Type of Lease          STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No.          B-1839-1</p> <p>7. Lease Name or Unit Agreement Name          EAST VACUUM GB-SA UNIT</p> <p>8. Well Number 520</p> <p>9. OGRID Number          217817</p> <p>10. Pool name or Wildcat          VACUUM; GB-SA</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;"><b>NOTICE OF INTENTION TO:</b></p> <p>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"/></p> <p>OTHER: <input type="checkbox"/></p>	<p style="text-align: center;"><b>SUBSEQUENT REPORT OF:</b></p> <p>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"/></p> <p>OTHER: COMPLETION SUNDRY <input checked="" type="checkbox"/></p>
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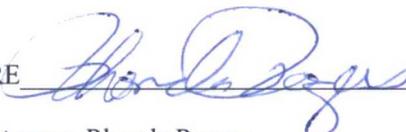
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/22/18 RIH & PERF F/4840'-5009'.  
 1/23/18 PUMP 171 BBLs 15% NEFE ACID.  
 1/25/18 RIH W/146 JTS 2 3/8", 4.7#, J-55/TK-99 IPC TBG & SET @ 4834' & PKR @ 4830'.  
 1/26/18 RUN MIT TO 560#/32 MINS - TEST GOOD. CHART ATTACHED  
 1/29/18 RUN BH TEST FORM ATTACHED.  
 ATTACHED IS A CURRENT WELLBORE SCHEMATIC  
 ATTACHED IS C-102 "AS DRILLED PLAT"  
 ATTACHED DDS

Spud Date:

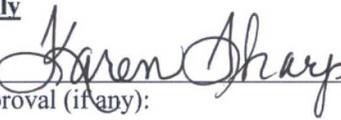
Rig Release Date:

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

SIGNATURE  TITLE Staff Regulatory Technician DATE 02/20/2018

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

**For State Use Only**

APPROVED BY:  TITLE Staff Mgr DATE 3-1-18  
 Conditions of Approval (if any):