

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

WELL API NO.	30-025-01073
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1838
7. Lease Name or Unit Agreement Name	VACUUM ABO UNIT TRACT 13
8. Well Number	017
9. OGRID Number	217817
10. Pool name or Wildcat	VACUUM; ABO REEF
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3949' GL

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 O : 890 feet from the SOUTH line and 2210 feet from the EAST line
Section 5 Township 18S Range 35E NMPM County LEA

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: MIT/BH TEST ☒

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 TO 560#/32 MINS - TEST GOOD. CHART ATTACHED. ATTACHED IS A BH TEST FORM

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 04/23/2018

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

For State Use Only

APPROVED BY: Kerry Fortner - OCO TITLE Compliance Officer DATE 5-4-18

Conditions of Approval (if any):

1 2 3

NOON

6 PM

MIDNIGHT

6 AM

7 8 9 10 11

CHART NO. MC MP-1000
 METER
 CHART PUT ON
 LOCATION
 REMARKS
 TAKEN OFF

8-13-18

END

START

Annual UT C

Conoco Phillips Company

Vacuum ABO Unit

30-025-03073

UL(C) 5 18.5

Set # 202A-39965

Cal 2-12-18

1000# 60min

START 560#

END 540#

32 min

Kerry Fortner - OED

Nike (m-1000)

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