Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources			Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	5.02040	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-03049 5. Indicate Type of Lease	
District III - (505) 334-6178	1220 South St. Francis Dr.		STATE STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas L	
1220 S. St. Francis Dr., Santa Fe, NM	Dr., Santa Fe, NM			
1220 S. St. Francis Dr., Santa Fe, NM 87505  SUNDRY NOTICES AND REPORTS ON WELL  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			7 Lesse Name or II	nit Agraement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name Vacuum Abo Unit Tr 13	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR BORDER AND ADDRESS OF THE PERMIT			8. Well Number	
SUNDRY NOTICES AND REPORTS ON WELD  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other		011		
2. Name of Operator			9. OGRID Number	
ConocoPhillips Company			217817	
3. Address of Operator			10. Pool name or Wildcat	
P.O. Box 2197 Houston, TX 77252			Vacuum; (Abo Reef)	
4. Well Location				
Unit Letter F : 1650 feet from the North line and 1980 feet from the West line				
Section 4 Township 18-S Range 35-E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3944' GR				
12. Check A	Appropriate Box to Indicate N	ature of Notice, I	Report or Other Da	ata
			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON   CHANCE DI ANS	I ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS   MULTIPLE COMPL			
DOWNHOLE COMMINGLE	MOLTIPLE COMPL	CASING/CEWENT	JOB []	PAIR
CLOSED-LOOP SYSTEM				/ / / /
OTHER:	П	OTHER:		П
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.				
0/04/00 MIDILI D d-				
8/04/20—MIRU LD rods. 8/05/20—LD tbg RIH w/ GR to 8245', RIH set 5½ CIBP @ 8232'.				
8/06/20—Tag BP circ well w/ MLF cap BP w/ 25 sxs WOC.				
8/07/20—Tried to tag cmt not there OCD ok'd to RIH w/ 5½ CIBP @ 8132' tagged cap w/ 25 sxs WOC.				
8/10/20—Tag @ 7862' spot 25 sxs @ 6318' TOC @ 6071', spot 25 sxs @ 4723' WOC Tag TOC @ 4480' spot 45 sxs @ 4316' TOC @				
3871'.				
8/11/20—Perf @ 3294' pressure up OCD ok'd to spot 25 sxs @ 3346' WOC Tag TOC @ 3099', perf @ 1603' pressure up OCD ok'd to				
spot 25 sxs @ 1653' WOC. 8/12/20—Tag TOC @ 1400' perf @ 355' circ 266 sxs to surface verified RDMO.				
8/12/20—1 ag 100 @ 1400 per 1 @ 333 circ 200 sxs to surface verified RDMO.				
			<del> </del>	]
Spud Date:	Rig Release Da	ite:		
				]
I hereby certify that the information	above is true and complete to the bo	est of my knowledge	and belief.	
$\mathcal{C}$				
SIGNATURE TITLE Agent - Basic Energy Services DATE 8/17/20				
Type or print name Chris Romero E-mail address: PHONE: 432-563-3355				
For State Use Only ,				
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APPROVED BY: New total TITLE CO H DATE 8-21-20				
Conditions of Approval (if any)				
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