| Office                                                                                                                                                                                                                                                                                                                                    | Energy, Minerals and Natural Resources |                                     | Form C-103                                                                  |          |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|----------|----------------------------------------|
| District I  1625 N. French Dr., Hobbs, NN  District II                                                                                                                                                                                                                                                                                    |                                        |                                     | October 13, 2009 WELL API NO.                                               |          |                                        |
| District III MAR 1 8 2010 1220 South St. Francis Dr.                                                                                                                                                                                                                                                                                      |                                        | DIVISION                            | 30-025-20886                                                                |          |                                        |
|                                                                                                                                                                                                                                                                                                                                           |                                        | 5. Indicate Type of Lease STATE FEE |                                                                             |          |                                        |
| 1000 Rio Brazos Rd., Aztec, NM 87410  District IV 1220 S St. Francis Dr., Santa Fe, NM 87505  87505  Santa Fe, NM 87505                                                                                                                                                                                                                   |                                        |                                     | 6. State Oil & Gas Lease No.<br>B-1838-1                                    |          |                                        |
| 87505  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                                                                                                                                           |                                        |                                     | 7. Lease Name or Unit Agreement Name<br>Vacuum Glorietta East Unit Tract 25 |          |                                        |
| PROPOSALS.) 1. Type of Well: Oil Well ☑ Gas Well ☐ Other                                                                                                                                                                                                                                                                                  |                                        |                                     | 8. Well Number 2                                                            |          |                                        |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                       |                                        |                                     | 9. OGRID Number 217817                                                      |          |                                        |
| ConocoPhillips Company  3. Address of Operator                                                                                                                                                                                                                                                                                            |                                        |                                     | 10. Pool name or Wildcat                                                    |          |                                        |
| P.O. Box 51810 Midland, Tx 79710                                                                                                                                                                                                                                                                                                          |                                        |                                     | Vacuum Glorietta                                                            |          |                                        |
| 4. Well Location C 760 North 1 1980 West 1:                                                                                                                                                                                                                                                                                               |                                        |                                     |                                                                             |          |                                        |
| Unit Letter : feet from the line and line and feet from the Section 32 Township 17S Range 35E NMPM Lea County                                                                                                                                                                                                                             |                                        |                                     |                                                                             |          |                                        |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                                                                                                                                                                        |                                        |                                     |                                                                             |          |                                        |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                                                                                                                                                                                              |                                        |                                     |                                                                             |          |                                        |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                                                                             |                                        |                                     |                                                                             |          |                                        |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR                                                                                                                                                                                                                                                                                   |                                        |                                     | <del>_</del>                                                                |          |                                        |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                       |                                        |                                     |                                                                             | _        | `                                      |
| DOWNHOLE COMMINGLE                                                                                                                                                                                                                                                                                                                        |                                        | 07.017.07.02.III.217.               |                                                                             | _        |                                        |
| OTHER:                                                                                                                                                                                                                                                                                                                                    | П                                      | OTHER: TA                           |                                                                             |          | гХ                                     |
| 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.                                               |                                        |                                     |                                                                             |          |                                        |
| Workover 2/16/2010-2/22/2010 MIRU. TOH w/rods. Clean out well. RIH w/CIBP and set at 6030'. Load casing and pressure tested. Good test. COP respectfully request TA status for a time period up to 5 years. This well is being evaluated as a potential water injection well in support of the waterflood development. Chart is attached. |                                        |                                     |                                                                             |          |                                        |
|                                                                                                                                                                                                                                                                                                                                           |                                        |                                     |                                                                             |          |                                        |
| This: Approval of Temporary Abandonment Expires 3-19-2015                                                                                                                                                                                                                                                                                 |                                        |                                     |                                                                             |          |                                        |
|                                                                                                                                                                                                                                                                                                                                           |                                        |                                     |                                                                             | <b>.</b> | ************************************** |
|                                                                                                                                                                                                                                                                                                                                           |                                        |                                     |                                                                             |          | ***                                    |
| Spud Date:                                                                                                                                                                                                                                                                                                                                | Rig Release Da                         | ite:                                |                                                                             |          |                                        |
|                                                                                                                                                                                                                                                                                                                                           |                                        |                                     | · · · · · · · · · · · · · · · · · · ·                                       |          |                                        |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.                                                                                                                                                                                                                                  |                                        |                                     |                                                                             |          |                                        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                 | TITLE Sr.                              | Regulatory Spe                      | ecialist                                                                    | DATE 3,  | /16/2010                               |
| Type or print name  For State Use Only                                                                                                                                                                                                                                                                                                    | _ E-mail address                       | COLOGOPHITI.                        | ips.com -                                                                   | PHONE:   | 432-688-6943                           |
| APPROVED BY: Conditions of Approval (if any)                                                                                                                                                                                                                                                                                              | AITLE UST                              | WOT & BUPEA                         | VISOR                                                                       | _DATE    | AR 1 9 2010                            |

