

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised June 10, 2003

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

WELL API NO.	30-025-27305
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. B-1585-5	
7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract 2230	
8. Well Number 005	
9. OGRID Number 217817	
10. Pool name or Wildcat Vacuum GB/SA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3940.5' GR	

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 Water Injection

2. Name of Operator
 ConocoPhillips Company

3. Address of Operator
 4001 Penbrook Street
 Odessa, TX 79762

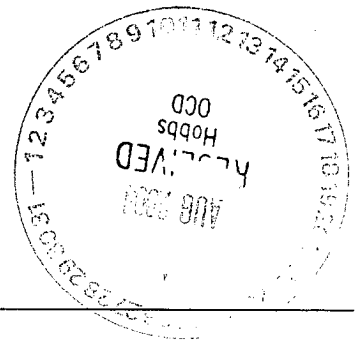
4. Well Location
 Unit Letter N : 1300 feet from the South line and 2600 feet from the West line
 Section 22 Township 17-S Range 35-E NMPM County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Mechanical Integrity 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8/4/04: Ran MIT test. Test witnessed by NMOCD inspector. NOTE: Original chart kept by inspector, copy is attached.



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

SIGNATURE Stacey D. Linder TITLE HSE/Regulatory Representative DATE 08/19/2004
 Type or print name Stacey D. Linder E-mail address: stacey.d.linder@conocophillips.com
 Telephone No. (432)368-1506

(This space for State use)

APPROVED BY Gay W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER
 Conditions of approval, if any AUG 27 2004

