

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

HOBBS OCD

OIL CONSERVATION DIVISION

APR 15 2013

RECEIVED

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-33582

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

19490

7. Lease Name or Unit Agreement Name

East Vacuum GB-SA Unit
Tract 2739

8. Well Number 393

9. OGRID Number

217817

10. Pool name or Wildcat

Vacuum; Grayburg-San Andres

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 ☐

2. Name of Operator

ConocoPhillips Company

3. Address of Operator

P. O. Box 51810
Midland, TX 79710

4. Well Location

Unit Letter K : 1650 feet from the South line and 1980 feet from the West line
Section 27 Township 17S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3936' GR

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 ☐

OTHER:

BHT FAILURE

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER:

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.

Because of BH test failure ConocoPhillips would like to MIRU to repair above well, and then retest well.

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 04/09/2013

Type or print name Rhonda Rogers

E-mail address: rogerr@conocophillips.com

PHONE: (432)688-9174

For State Use Only

APPROVED BY:

[Signature]

TITLE

DIST MGR

DATE

4-18-2013

CONDITION OF APPROVAL: Notify OCD Hobbs
Office 24 hours prior to running MIT Test & Chart.

APR 18 2013