

Submit 3 Copies To Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised June 10, 2003

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

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

WELL API NO. 30-025-26520
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. B-1565-2
7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT TR 3328
8. Well Number 003
9. OGRID Number 217817
10. Pool name or Wildcat VACUUM GB/SA

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 [X] Gas Well [] Other []

2. Name of Operator ConocoPhillips Company

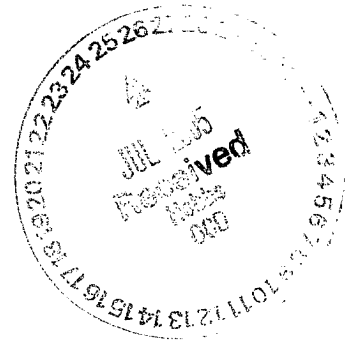
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762

4. Well Location Unit Letter M : 1155 feet from the WEST line and 250 feet from the SOUTH line Section 33 Township 17-S Range 35-E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3949' 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 COMPLETION [] OTHER: []
SUBSEQUENT REPORT OF: REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER: WELL INTEGRITY TEST [X]

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. 7/12/05 RUN MIT, COPY OF CHART ATTACHED, WITNESSED BY OCD (E. GONZALES)

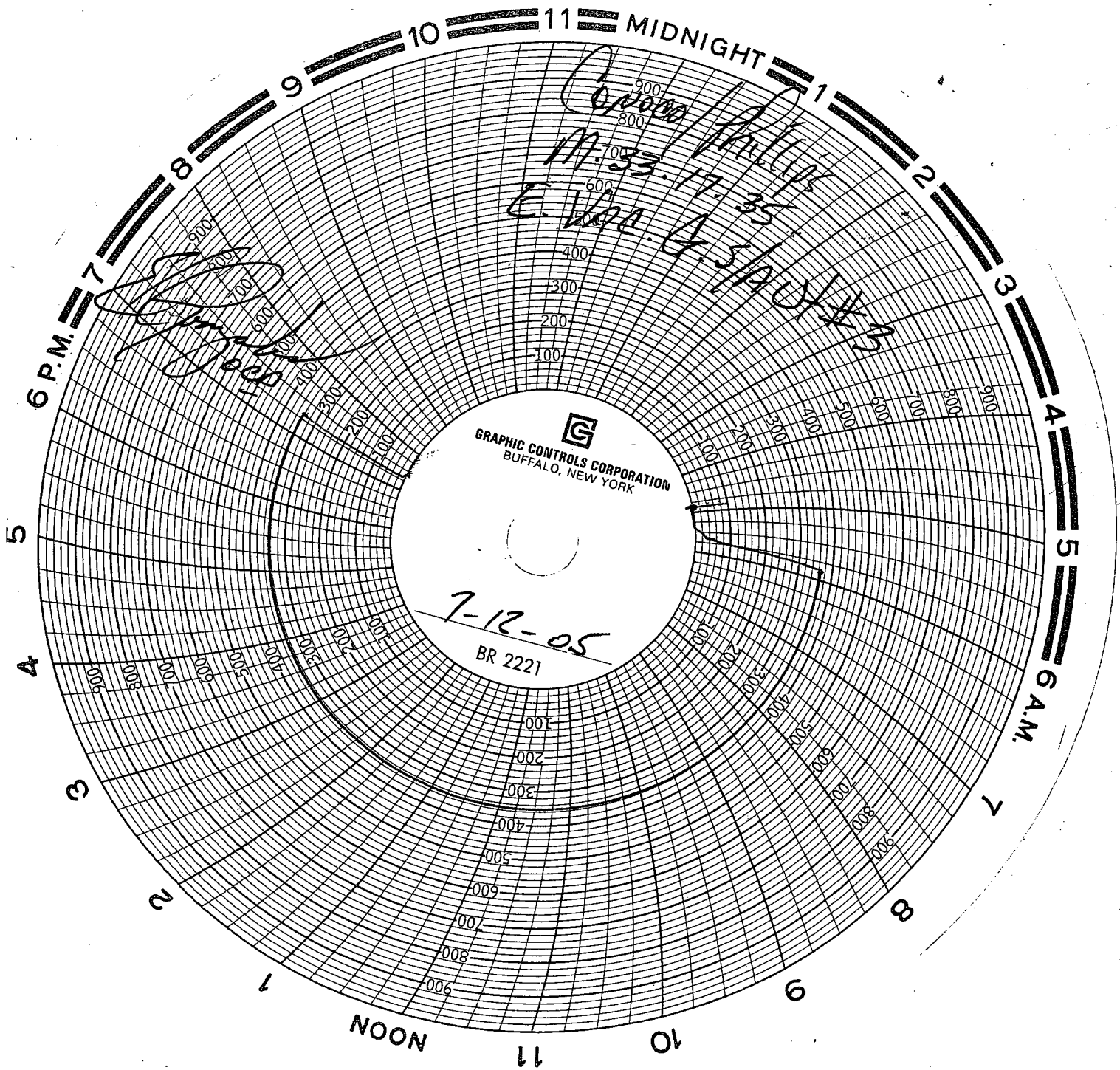


I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Gay Thomas TITLE Regulatory Assistant DATE 07/21/2005

Type or print name Gay Thomas E-mail address: Gay.Thomas@conocophillips.com Telephone No. (432)368-1217

APPROVED BY Gay W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER JUL 25 2005



NMOC D scheduled MIT

EVGSAU 3328-003

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