

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised June 10, 2003

WELL API NO. 30-025-20798	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. B-2498	
7. Lease Name or Unit Agreement Name VACUUM GLORIETA EAST UNIT TRACK 3040	
8. Well Number 01	
9. OGRID Number 217817	
10. Pool name or Wildcat VACUUM; GLORIETA	
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator ConocoPhillips Company	
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762	
4. Well Location Unit Letter F : 2130 feet from the NORTH line and 1980 feet from the WEST line Section 28 Township 17-S Range 32-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: ☐

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.

REACTIVE CURRENTLY TA'D VGEU #40-01 AS A GLORIETA/PADDOCK OIL PRODUCER. WORK INCLUDES DRILLING OUT CIBP, STIMULATION, INSTALLING NEW STRINGS OF TUBING AND RODS AND SETTING A NEW PUMPING UNIT.



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 06/15/2006

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

APPROVED BY Gay W. Wink TITLE FIELD REPRESENTATIVE II / STAFF MANAGER DATE JUN 26 2006
Conditions of approval, if any: