Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
/m omogy	Minerals and Natural Resources	June 19, 2008
1625 N. French Dr , Hobbs, NM 88240	Wm	WELL API NO. 30-025-03006
District I 1625 N. French Dr , Hobbs, NM 88210 District II 1301 W Grand Ave , Artesia, NM 88210 District III 1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 D. Doros Dd. Anton NIM 9741 NIA Y		STATE FEE
District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, MOBBSOCD 87505		B-2273
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL		Vacuum Abo Unit, Battery 3, Tract 8
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		0 W 1121 11
1. Type of Well: Oil Well Gas Well Other		8. Well Number 11
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 Abo Reef
4. Well Location	Nacto	
- 000	et from the South line and	2130 feet from the West line
	ownship 17S Range 35E	NMPM County Lea
	on (Show whether DR, RKB, RT, GR, etc.	
3928 GR		A STATE OF THE STATE OF STATE
12. Check Appropriate	Box to Indicate Nature of Notice,	, Report or Other Data
NOTICE OF INTENTION	TO. CUE	DOCUMENT DEPORT OF
NOTICE OF INTENTION		SSEQUENT REPORT OF: RK □ ALTERING CASING □
PERFORM REMEDIAL WORK ☐ PLUG AND TEMPORARILY ABANDON ☐ CHANGE P		RILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE	—	
DOWNHOLE COMMINGLE	COMITE GAGING/CEMEN	
DOWNINGER COMMUNICATE		
OTHER:	☐ OTHER:	
13. Describe proposed or completed operatio	ns. (Clearly state all pertinent details, ar	nd give pertinent dates, including estimated date
	LE 1103. For Multiple Completions: A	ttach wellbore diagram of proposed completion
or recompletion.		
As per the attached subsequent report, the above v	vell was plugged and abandoned on 4/3/2	2009. The dry hole marker has been installed,
equipment removed from location, and reclamatio		
Γ	<u> </u>	
Spud Date:	Rig Release Date:	İ
•	J	
I hereby certify that the information above is true	and complete to the best of my knowled	ge and belief.
1 /		
SIGNATURE	TITLE Sr. Regulatory S	Specialist DATE 5/12/2009
	11111	
D∕nnna Williams	Donna T Willi	amsd
Type or print name Dokumo Williams	Donna.J.Willi E-mail address: Conocophill	
Type or print name Donna Williams For State Use Only	Donna.J.Willi E-mail address: Conocophill	ips.com PHONE: 432-688-6943
For State Use Only	E-mail address: Conocophill	ips.com PHONE: 432-688-6943
For State Use Only APPROVED BY: Conditions of Approval (if any):	E-mail address: Conocophill	ips.com PHONE: 432-688-6943