

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

APR 06 2010

HOBBSUCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.
30-025-27295

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-2735

7. Lease Name or Unit Agreement Name

East Vacuum GB/SA Unit Tract 2672

8. Well Number # 001

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 ☐ Gas Well ☒ Other Injection

2. Name of Operator

ConocoPhillips Company

3. Address of Operator

P.O. Box 51810 Midland, Tx 79710

4. Well Location

Unit Letter A : 1175 feet from the North line and 50 feet from the East line
Section 26 Township 17S Range 35E NMPM Lea County11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3914 GL

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: ☐

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.

3/8-9/2010: Upon routine check of the pressure gauge, it appeared that there was an issue with trapped pressure. The well was bled off. A new MIT was ran to confirm integrity. Representative from NMOCD was present. Good Test. RDMO. Chart attached.

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

TITLE Sr. Regulatory SpecialistDATE 4/1/2010Type or print name Donna WilliamsE-mail address: Donna.J.Williams@Conocophillips.comPHONE: 432-688-6943

For State Use Only

APPROVED BY:

TITLE STATE MGRDATE 4-8-10

Conditions of Approval (if any):

