

Submit 3 Copies To Appropriate District Office
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

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 May 08, 2003

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.)		WELL API NO. 30-025-06086-00-0
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION WELL		5. Indicate Type of Lease <u>Federal</u> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CONOCOPHILLIPS		6. State Oil & Gas Lease No. NM 0557686
3. Address of Operator 1410 N. WEST COUNTY ROAD		7. Lease Name or Unit Agreement Name SEMU PERMIAN
4. Well Location Unit Letter <u>I</u> : 1980 feet from the <u>FSL</u> line and <u>660</u> feet from the <u>FEL</u> line Section <u>13</u> Township <u>20S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number 78
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3557' RKB		9. OGRID Number 217817
		10. Pool name or Wildcat SKAGGS GRAYBURG

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

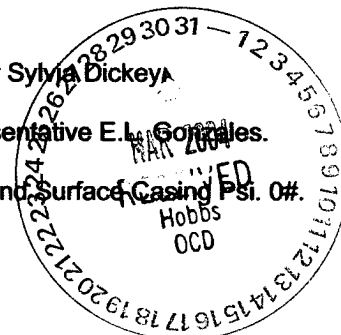
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: CASING LEAK SURVEY <input checked="" type="checkbox"/>	

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.

Test equipment failed on 12/07/2001. Annual Pressure Test Per OCD Request. Per Sylvia Dickey.

Casing leak survey was performed 03/23/04. Survey was witnessed by OCD representative E.L. Gonzales.

Starting Pressure 390#, Final Pressure 370# in 32 minutes, Tubing pressure 850# and Surface Casing Psi. 0#.



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

SIGNATURE Eugene J. LaCour III TITLE Production Lead DATE 3/30/04

Type or print name Eugene J. LaCour III Telephone No. (505) 391-3112

(This space for State use)

APPROVED BY Gary W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER

Conditions of approval, if any: DATE MAR 31 2004

