

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 June 10, 2003

<b>WELL API NO.</b> 30-025-26387	
<b>5. Indicate Type of Lease</b> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
<b>6. State Oil &amp; Gas Lease No.</b> B-1861	
<b>7. Lease Name or Unit Agreement Name</b> East Vacuum GB/Sa Unit Tract 2941	
<b>8. Well Number</b> 001	
<b>9. OGRID Number</b> 217817	
<b>10. Pool name or Wildcat</b> Vacuum GB/SA	
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
<b>1. Type of Well:</b> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection	
<b>2. Name of Operator</b> ConocoPhillips Company	
<b>3. Address of Operator</b> 4001 Penbrook Street Odessa, TX 79762	
<b>4. Well Location</b> Unit Letter <u>K</u> : <u>1330</u> feet from the <u>West</u> line and <u>2630</u> feet from the <u>South</u> line Section <u>29</u> Township <u>17-S</u> Range <u>35-E</u> NMPM County <u>Lea</u>	
<b>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</b> 3961' GL & 3972.2' RKB	

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 ☐

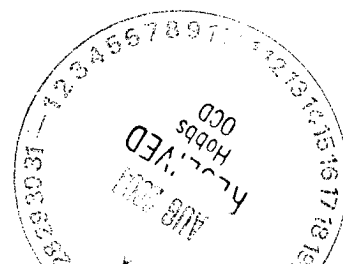
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Integrity Test ☒

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.

8/4/04: Ran MIT test. Test witnessed by NMOCD inspector. NOTE: original chart kept by inspector, copy is attached.



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

SIGNATURE Stacey D. Linder TITLE HSE/Regulatory Representative DATE 08/19/2004

Type or print name Stacey D. Linder

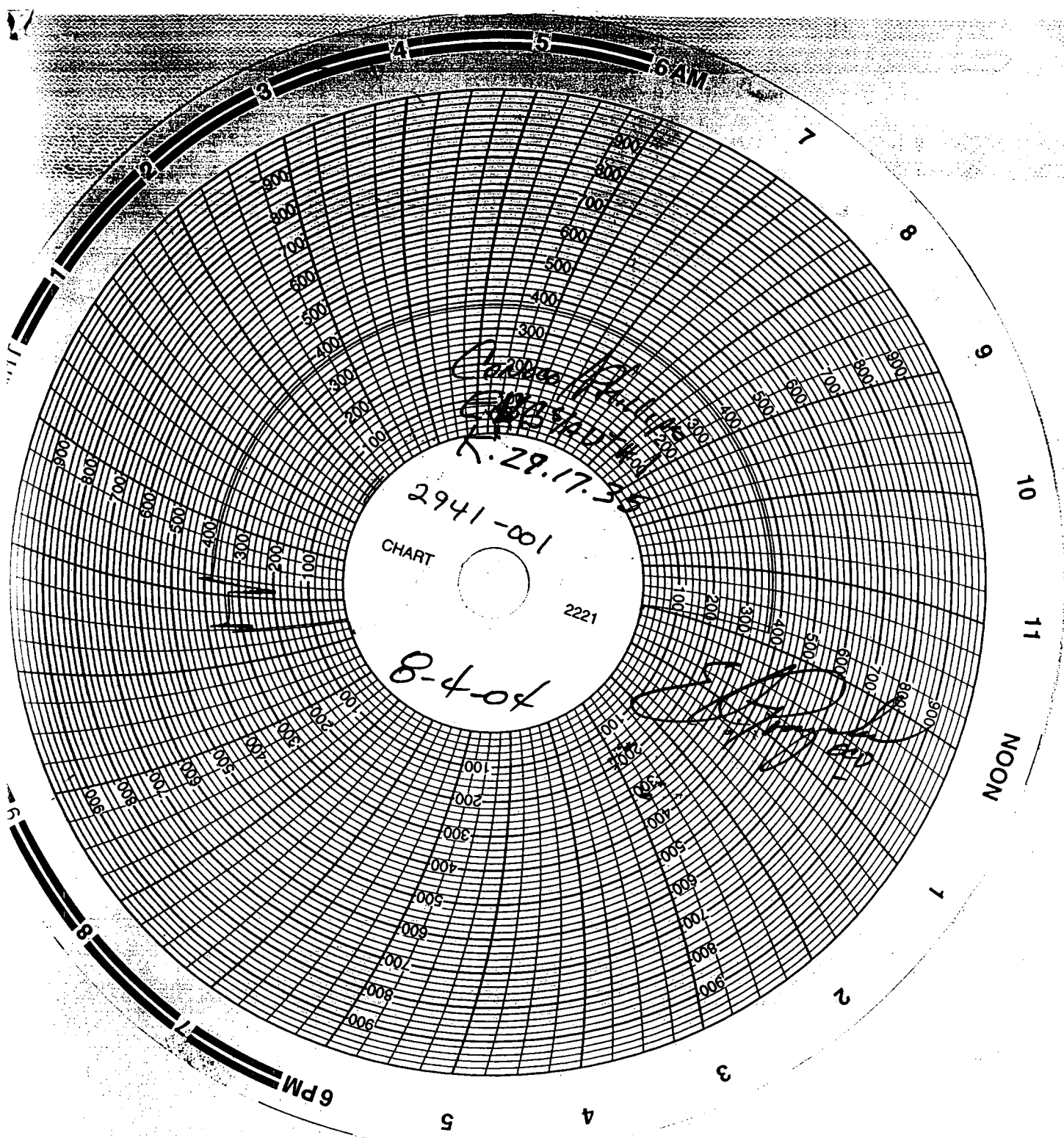
E-mail address: stacey.d.linder@conocophillips.com

Telephone No. (432)368-1506

(This space for State use)

APPROVED BY Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 27 2004

Conditions of approval, if any:



Scheduled NMOCN MIT

EVGSAU 2941-001 30-025-26387