

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

Form C-103  
Revised June 10, 2003

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

<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.)		WELL API NO. 30-025-26856
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No. B-1502
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762		7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract 0524
4. Well Location Unit Letter <u>E</u> : <u>2540</u> feet from the <u>North</u> line and <u>10</u> feet from the <u>West</u> line Section <u>5</u> Township <u>18-S</u> Range <u>35-E</u> NMPM County <u>Lea</u>		8. Well Number 005
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3980.7' RKB & 3970' GL		9. OGRID Number 217817
		10. Pool name or Wildcat Vacuum Grayburg/San Andres

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

NOTICE OF INTENTION TO:

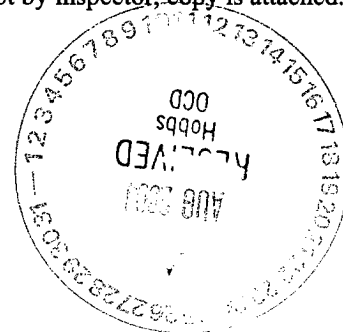
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Mechanical 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.

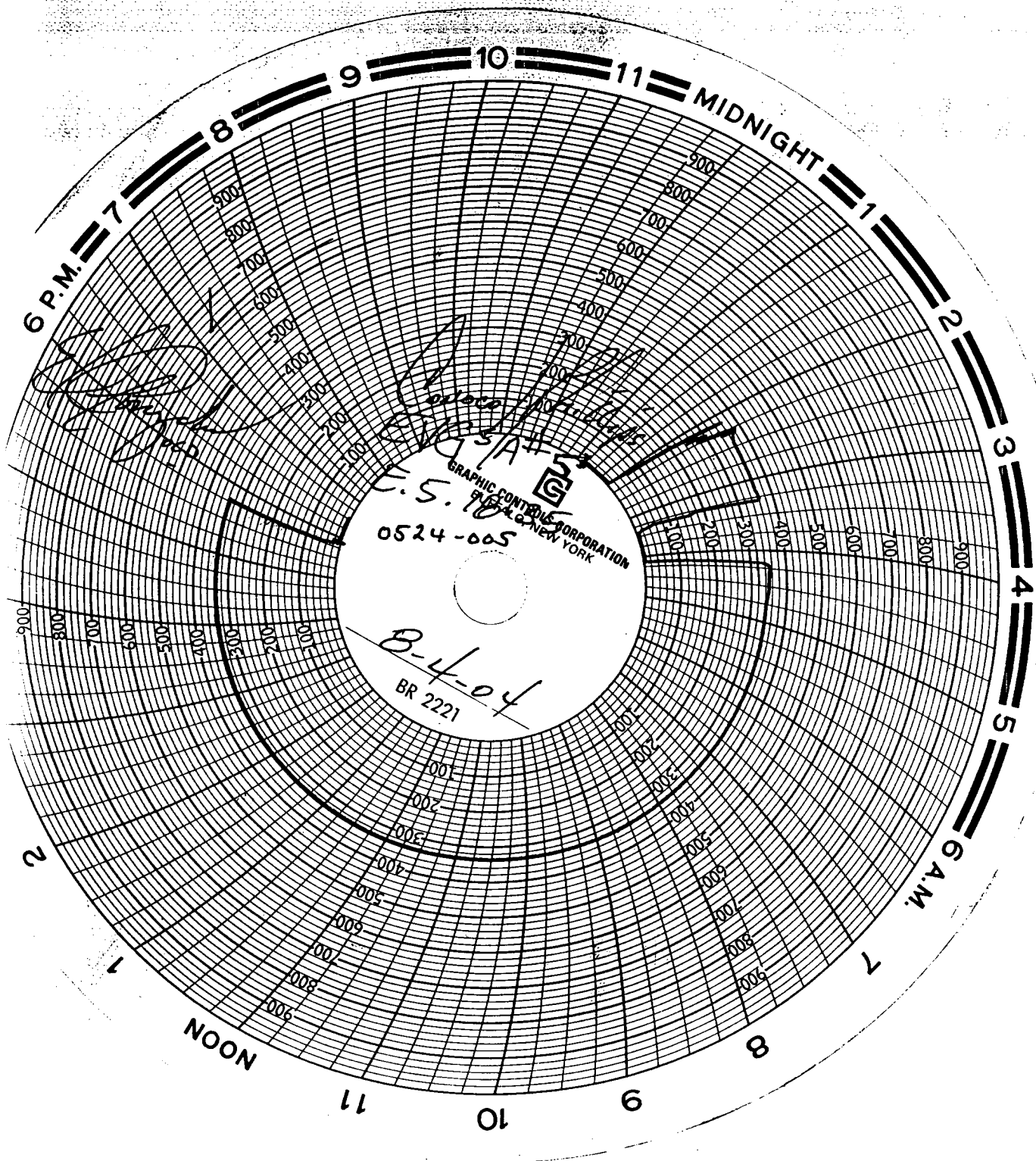
8/4/2004: Ran MIT test. Test witnessed by NMOCD inspector. NOTE: original chart kept by inspector, copy is attached.



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 Harry W. Wink OFFICIAL REPRESENTATIVE II/STAFF MANAGER DATE AUG 27 2004  
Conditions of approval, if any:



Scheduled NMOCB MIT

EUGSAU 0524-005 30-025-26856