

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

WELL API NO.	30-025-27606
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. A-1320	
7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract 3202	
8. Well Number 010	
9. OGRID Number 217817	
10. Pool name or Wildcat Vacuum Grayburg/San Andres	

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 Water Injection

2. Name of Operator

ConocoPhillips Company

3. Address of Operator 4001 Penbrook Street  
Odessa, TX 79762

4. Well Location

Unit Letter A : 1200 feet from the North line and 50 feet from the East line

Section 32 Township 17-S Range 35 E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3953' 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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

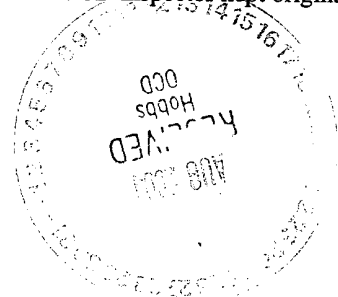
COMMENCE DRILLING OPNS. ☐ PLUG AND ☐

CASING TEST AND CEMENT JOB ☐ ABANDONMENT

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.

8/4/2004: Ran Mechanical Integrity Test. Test witnessed by NMOCD inspector. Chart is attached. NMOCD inspector kept original chart.

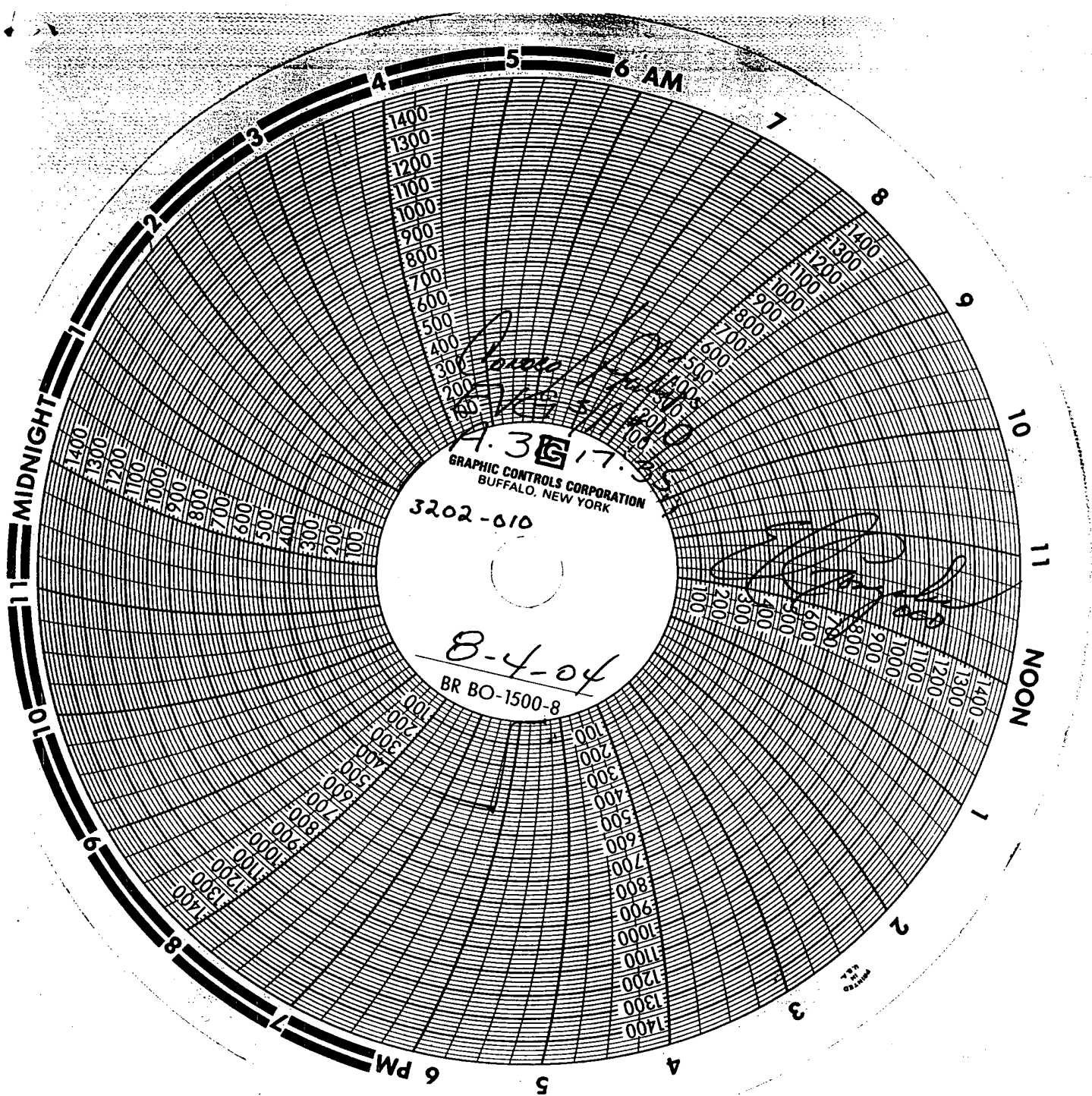


I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stacey P. Linder TITLE HSE / Regulatory Rep DATE 8-18-04

Type or print name Stacey P. Linder E-mail address: \_\_\_\_\_ Telephone No. 432-368-1506  
(This space for State use)

APPROVED BY Hayle W. Wink TITLE OC FIELD REPRESENTATIVE II / STAFF MANAGER DATE AUG 27 2004  
Conditions of approval, if any: \_\_\_\_\_



Scheduled MIT

EVGSAU 3202-010

30-025-27606