

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

May 27, 2004

<b>WELL API NO.</b> 30-025-02898	
<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-1840	
<b>7. Lease Name or Unit Agreement Name</b> East Vacuum Grayburg San Andres Unit - 2739	
<b>8. Well Number</b> 004 <input checked="" type="checkbox"/>	
<b>9. OGRID Number</b> 217817	
<b>10. Pool name or Wildcat</b> Vacuum Grayburg San Andres	
<b>4. Well Location</b> Unit Letter <u>L</u> : 1980 feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>27</u> Township <u>17S</u> Range <u>35E</u> NMPM County <u>Lea</u>	
<b>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</b> 3938'	
<b>Pit or Below-grade Tank Application</b> <input type="checkbox"/> or Closure <input type="checkbox"/>	
<b>Pit type</b> _____ <b>Depth to Groundwater</b> _____ <b>Distance from nearest fresh water well</b> _____ <b>Distance from nearest surface water</b> _____	
<b>Pit Liner Thickness:</b> _____ mil <b>Below-Grade Tank: Volume</b> _____ bbls; <b>Construction Material</b> _____	

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 ☐

OTHER: ☐

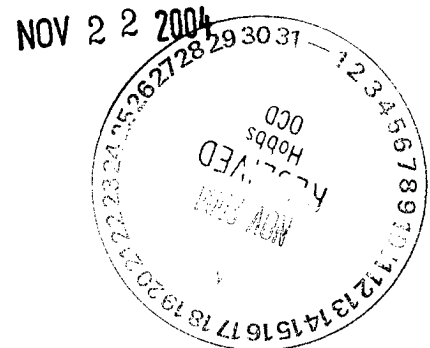
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: CIT 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.

Please see attached chart.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Kay Maddox TITLE Regulatory Agent DATE 11/17/2004

Type or print name Kay Maddox  
For State Use Only

E-mail address: mmaddox@conocoPhillips.com Telephone No. (432)368-1368

APPROVED BY: Gary W. Wink TITLE OC FIELD REPRESENTATIVE DATE NOV 22 2004

Conditions of Approval (if any):

