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Submit 3 Copies To Appropriate District Office		of New Mexico	Form C-103
District I- 1625 N. French Dr., Hobbs, NM 88240	Energy, Minera	ls and Natural Resource	S May 27, 2004 WELL API NO.
District II	OII CONSEI	RVATION DIVISION	30-025-26401
1301 W. Grand Ave., Artesia, NM 88210 District III		th St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE X FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		ŕ	B-1608
SUNDRY NOT	CES AND REPORTS		7. Lease Name or Unit Agreement Name
(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.)			East Vacuum Grayburg San Andres Unit
1. Type of Well: Oil Well Gas Well Other Injection			8. Well Number 001
2. Name of Operator ConocoPhillips Company			9. OGRID Number 217817
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762			10. Pool name or Wildcat
4. Well Location			Vacuum Grayburg San Andres
	200 feet from th	e North line and	feet from the East line
Section 33	Township 1		NMPM CountyLea
		whether DR, RKB, RT, GR	
Pit or Below-grade Tank Application 🔲 o	3948' KB r Closure □		
Pit typeDepth to Groundw	aterDistance from 1	earest fresh water well	Distance from nearest surface water
Pit Liner Thickness: mil	Below-Grade Tank: \	olume bbls	; Construction Material
12. Check A	Appropriate Box to I	indicate Nature of Not	ice, Report or Other Data
NOTICE OF IN	TENTION TO:	5	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N 🗌 REMEDIAL V	
TEMPORARILY ABANDON	CHANGE PLANS	_	DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CASING/CE	MENT JOB
OTHER:	(61	OTHER:CIT	
of starting any proposed we or recompletion.	rk). SEE RULE 1103.	Ty state all pertinent detail For Multiple Completions	s, and give pertinent dates, including estimated date: Attach wellbore diagram of proposed completion
Please see attached chart.			
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			219130
I hereby certify that the information a grade tank has been/will be constructed or	above is true and completosed according to NMOCI	ete to the best of my know	edge and belief. I further certify that any pit or belowit  or an (attached) alternative OCD-approved plan .
SIGNATURE AU MA	ddox	TITLE Regulatory Agent	DATE 11/17/2004
Type or print name Visu Madda			
Type or print name Kay Maddox For State Use Only	1 0 4	E-mail address:mmaddo	x@conocophillips.comelephone No.(432)368-1368
APPROVED BY:	) Wands	TITLE	DAMMA O COM
Conditions of Approval (if any):	· · · · · · · · · · · · · · · · ·		DANOV 2 2 2004

