Described For Hotels, NN SCORP   Control   C	Office	te of New Mexico	Form C-103 October 13, 2009	
1.501 W. Grand Area, Areasia, PM #210   DOI LEONSEART AIRON DIVISION   DOIS to Hears Rd. Areas. NM #210   DOI LEONSEART AIRON DIVISION   STATE   FEE   Canada Rd. Areas. NM #210   DOI LEONSEARCH AIRON DIVISION   STATE   Research Rd. Areas. NM #210   DOIS AND REPORTS ON WELLS   STATE   Research Rd. Areas. NM #210   DOIS AND REPORTS ON WELLS   SUNDRY NSTICES AND REPORTS ON WELLS   DOIS AREA TO A REPORT OF THE PROPERTY OF THE PROP	1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avc., Artesia, NM 88210 OIL CONSERVATION DIVISION		WELL API NO.	
1220 South St. Francis Dr.   Santa Fe, NM 87505   Sinc Oil & Gas Lease No.   Santa Fe, NM 87505   Sinc Oil & Gas Lease No.   Si				
120 S. S. Francis Dr. Santa Fe, PM   STILES AND REPORTS ON WELLS				
SUNDRY NOTES AND REPORTS ON WELLS  COD NOT USE THIS FORM NOR PROPOSALS TO DRILL OR TO DEPERN OR FLIGH BACK TO A DEPTREMENT RESPONSE. USE: "APPLICATION FOR PREMIT OF FORM: COLOR SCHOOL	District IV Sar	nta Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS   CON NOT USE THIS FORM FOR PROPERS AND REPORTS OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" FORM FOR PROPOSALS TO PARL FOR THE PROPOSALS AND REPORTS OF THE PROPOSALS AND THE PROPOSALS				
1. Type of Well: Oil Well   Gas Well   Other Injection   S. Well Number   O03	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		7. Lease Name or Unit Agreement Name East Vacuum Grayburg-San Andres Unit TRact 3328	
2. Name of Operator  ConocoPhillips Company  3. Address of Operator 3300 N. "A" St. Bidg. 6  Midland, TX 79705  4. Well Location  Unit Letter M : 1155   feet from the WEST   line and 250   feet from the SOUTH   line Section 33   Township 178   Range 35E   NMPM   County LEA  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  3949'  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   COMMENCE DRILLING OPNS   PAND A    PPULL OR ALTER CASING   MULTIPLE COMPL   COMMENCE DRILLING OPNS   PAND A    OTHER Repair Downhole Failure and re-test MIT   Signature of Stating any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  Well failed required MIT test due to downhole failure. ConocoPhillips intends to repair the failure, re-run test, and return to injection.  Spud Date:   Rig Release Date:    ITITLE Regulatory Specialist   DATE 6/32/118.  DATE 6/32/168-6813  DATE 6/32/168-6813			8. Well Number 003	
A. Well Location	2 Name of Operator			
A. Well Location	3. Address of Operator 3300 N. "A" St., Bldg. 6		10. Pool name or Wildcat	
Unit Letter M : 1155   feet from the   WEST   line and   250   feet from the   SOUTH   line   Section   33   Township   175   Range   35E   NMPM   CountyLEA    11. Elevation (Show whether DR, RRB, RT, GR, etc.)   3949    12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS   PAND A   DOWNHOLE COMMINGLE   OTHER:   COMMENCE DRILLING OPNS   PAND A   DOWNHOLE COMMINGLE   OTHER: Repair Downhole Failure and re-test MIT   DOWNHOLE COMMINGLE   OTHER:   DOWNHOLE COMMINGLE   OTHER:   DOWNHOLE COMMINGLE   OTHER:   DOWNHOLE COMMINGLE   DOWNHOLE OF STREET   DOWNHOLE OF STREET   DOWNHOLE COMMINGLE   DOWNHOLE COMMINGLE	Midland, TX 79705		Vacuum; Grayburg-San Andres	
Section 33 Township 17S Range 35E NMPM CountyLEA    11. Elevation (Show whether DR. RKB. RT, GR, etc.)	1			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3949  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHAMGE PLANS   COMMENCE DRILLING OPINS   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   COMMENCE DRILLING OPINS   PAND A   DOWNHOLE COMMINGLE   OTHER: Completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  Well failed required MIT test due to downhole failure. ConocoPhillips intends to repair the failure, re-run test, and return to injection.  Spud Date:  Rig Release Date:  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   First Completed Phone   TITLE Regulatory Specialist   DATE   July   Fiske   E-mail address:   Julyn Fiske   Geonocophillips.com PHONE: (432)688-6813   For State Use Only   DATE   Julyn Fiske   DATE				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS   PAND A   CASING/CEMENT JOB   PAND A   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   DOWNHOLE CHARGE PLANS   DOWNHOLE CHARGE PLANS			3	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PAND A    PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB    OTHER: Repair Downhole Failure and re-test MIT   OTHER:   OTHER:   OTHER:    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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  Well failed required MIT test due to downhole failure. ConocoPhillips intends to repair the failure, re-run test, and return to injection.  Spud Date:   Rig Release Date:    I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   July N. Fiske   E-mail address:   Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813    Type or print name, Jalyn N. Fiske   E-mail address:   Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813    TITLE   STAML MARE   DATE   July N. Fiske   DATE	最級等級的な対象を対するとは、これには、1995年 1995年			
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PAND A    PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB    OTHER: Repair Downhole Failure and re-test MIT   OTHER:   OTHER:   OTHER:    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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  Well failed required MIT test due to downhole failure. ConocoPhillips intends to repair the failure, re-run test, and return to injection.  Spud Date:   Rig Release Date:    I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   July N. Fiske   E-mail address:   Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813    Type or print name, Jalyn N. Fiske   E-mail address:   Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813    TITLE   STAML MARE   DATE   July N. Fiske   DATE				
PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PAND A   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   PAND A   DATE   DATE	12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PAND A   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   PAND A   PAND A   DATE   DATE	NOTICE OF INTENTION TO	l SUB	SEQUENT REPORT OF	
PULL OR ALTER CASING DOWNHOLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE COMPLETE				
DOWNHOLE COMMINGLE  OTHER: Repair Downhole Failure and re-test MIT  I3. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  Well failed required MIT test due to downhole failure. ConocoPhillips intends to repair the failure, re-run test, and return to injection.  Spud Date:  Rig Release Date:  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  SIGNATURE  TITLE Regulatory Specialist  DATE 6/24/11  Type or print name Jalyn N. Fiske  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  For State Use Only  APPROVED BY:  DATE 7-6-2011	TEMPORARILY ABANDON   CHANGE PLANS			
OTHER: Repair Downhole Failure and re-test MIT		PL CASING/CEMENT	TJOB	
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  Well failed required MIT test due to downhole failure. ConocoPhillips intends to repair the failure, re-run test, and return to injection.  Spud Date:  Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Regulatory Specialist  DATE 6/24/II  Type or print name Jalyn N. Fiske  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  For State Use Only  APPROVED BY:  TITLE STAM MAR DATE 7-6-2011	DOWNHOLE COMMINGLE			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  Well failed required MIT test due to downhole failure. ConocoPhillips intends to repair the failure, re-run test, and return to injection.  Spud Date:  Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Regulatory Specialist  DATE  DATE  DATE  DATE  DATE  DATE  DATE  DATE  DATE  TITLE  DATE  DA	OTHER: Repair Downhole Failure and re-test MIT		·	
Proposed completion or recompletion.  Well failed required MIT test due to downhole failure. ConocoPhillips intends to repair the failure, re-run test, and return to injection.  Spud Date:  Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Regulatory Specialist  DATE	13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date			
Well failed required MIT test due to downhole failure. ConocoPhillips intends to repair the failure, re-run test, and return to injection.  Spud Date:  Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Regulatory Specialist  Type or print name Jalyn N. Fiske  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  For State Use Only  APPROVED BY:  DATE 1-6-2011				
Spud Date:  Rig Release Date:  Rig Release Date:  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Regulatory Specialist  Title Regulatory Specialist  DATE 6/24/11  Type or print name Jalyn N. Fiske  E-mail address: Jalyn. Fiske@conocophillips.com PHONE: (432)688-6813  For State Use Only  APPROVED BY:  TITLE STAML DATE 7-6-2011	proposed completion of recompletion.			
TITLE Regulatory Specialist  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  DATE 1-6-2011	Well failed required MIT test due to downhole failure. ConocoPhillips intends to repair the failure, re-run test, and return to injection.			
TITLE Regulatory Specialist  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  DATE 1-6-2011				
TITLE Regulatory Specialist  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  DATE 1-6-2011	·			
TITLE Regulatory Specialist  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  DATE 1-6-2011				
TITLE Regulatory Specialist  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  DATE 1-6-2011				
TITLE Regulatory Specialist  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  DATE 1-6-2011				
TITLE Regulatory Specialist  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  DATE 1-6-2011				
TITLE Regulatory Specialist  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  DATE 1-6-2011				
TITLE Regulatory Specialist  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  DATE 1-6-2011				
TITLE Regulatory Specialist  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  DATE 1-6-2011				
TITLE Regulatory Specialist  DATE 6/24/11  Type or print name Jalyn N. Fiske  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  For State Use Only  APPROVED BY: DATE 7-6-2011	Spud Date:	Rig Release Date:		
TITLE Regulatory Specialist  DATE 6/24/11  Type or print name Jalyn N. Fiske  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  For State Use Only  APPROVED BY: DATE 7-6-2011	<u> </u>	<b>-</b>		
TITLE Regulatory Specialist  DATE 6/24/11  Type or print name Jalyn N. Fiske  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  For State Use Only  APPROVED BY: DATE 7-6-2011	I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Type or print name Jalyn N. Fiske  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  APPROVED BY:  DATE 7-6-2011	10.00			
Type or print name Jalyn N. Fiske  E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813  APPROVED BY:  DATE 7-6-2011	$\sim 000$	mm pp to a true	2100 1/01/11	
APPROVED BY: DATE 7-6-2011	SIGNATURE AN TOTAL	TITLE Regulatory Specialist	DATE 6/24/II	
APPROVED BY: DATE 7-6-2011	Type or print name Jalyn N. Fiske	E-mail address: Jalyn.Fiske@cond	ocophillips.com PHONE: (432)688-6813	
	APPROVED BY	TITLE COSIL AN	DATE 7-1-2011	
		111LE	DATE / - WI	

<