Office	State of New Mexico	Form C-103
District I End	ergy, Minerals and Natural Resource	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-025-26518
1301 W. Grand Ave., Artesia, NM 88210	L CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 0 5 2011	1220 South St. Francis Dr.	STATE X FEE
1220 S. St. Francis Dr., Santa Fc, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTES AN	D REPORTS ON WELLS	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 TRact 3202
1. Type of Well: Oil Well Gas Well X Other Injection		8. Well Number 009
2. Name of Operator ConocoPhillips Company		9. OGRID Number 217817
3. Address of Operator 3300 N. "A" St., Bldg. 6 Midland, TX 79705		10. Pool name or Wildcat Vacuum; Grayburg-San Andres
4. Well Location		vacuum, Grayouig-San Andres
Unit Letter O : 175	feet from the SOUTH line an	d 1650 feet from the EAST line
Section 32	Township 17S Range 35E	NMPM CountyLEA
11. Ele 3956'	vation (Show whether DR, RKB, RT, G	R, etc.)
12. Check Appropri	ate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF INTENTION	•	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		
TEMPORARILY ABANDON		E DRILLING OPNS. P AND A
DOWNHOLE COMMINGLE	-LE COMPL	EMENT JOB
OTHER: Repair Downhole Failure and re-tes	t MIT 🔯 OTHER:	П
13. Describe proposed or completed open		ils, and give pertinent dates, including estimated date
of starting any proposed work). SEE proposed completion or recompletion		le Completions: Attach wellbore diagram of
This well failed it's required MIT - Conocc	Phillips intends to repair the downhole	failure, re-run successful test, and return to
injection.		.,
•		
Spud Date:	Rig Release Date:	
I have been self-up at the first of the self-up at		
I hereby certify that the information above is t	rue and complete to the best of my kno-	wledge and belief.
SIGNATURE M. F.	TITLE Regulatory Specialis	DATE 6/24/11
		,
Type or print name Jalyn N. Fiske For State Use Only	E-mail address: Jalyn.Fiske	@conocophillips.comPHONE: (432)688-6813
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APPROVED BY	TITLE STAFF	DATE 7-6-20//
APPROVED BY Conditions of Approval (if any):	TITLE STAFF	DATE 7-6-20//