

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.

30-025-20528

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-2519

7. Lease Name or Unit Agreement Name  
VACUUM ABO UNIT  
TR 6F BTRY 4

8. Well Number

68

9. OGRID Number

217817

10. Pool name or Wildcat  
VACUUM ABO REEF

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 I

2. Name of Operator

ConocoPhillips Company

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

4. Well Location

Unit Letter H : 1735 feet from the NORTH line and 990 feet from the EAST line

Section 34 Township 17-S Range 35-E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3933' GR

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 ABANDONMENT ☐

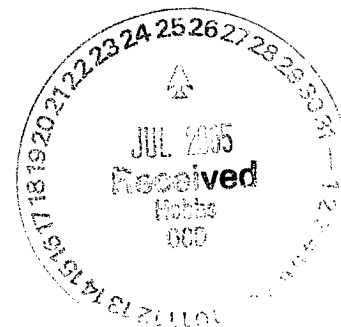
CASING TEST AND CEMENT JOB ☐

OTHER: WELL 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.

7/12/05 RUN MIT, COPY OF CHART ATTACHED, WITNESSED BY OCD (E. GONZALES)

TEST FAILED



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

SIGNATURE Gay Thomas

TITLE Regulatory Assistant

DATE 07/21/2005

Type or print name Gay Thomas

Gay.Thomas@conocophillips.com

E-mail address:

Telephone No. (432)368-1217

(This space for State use)

ORIGINAL SIGNED BY

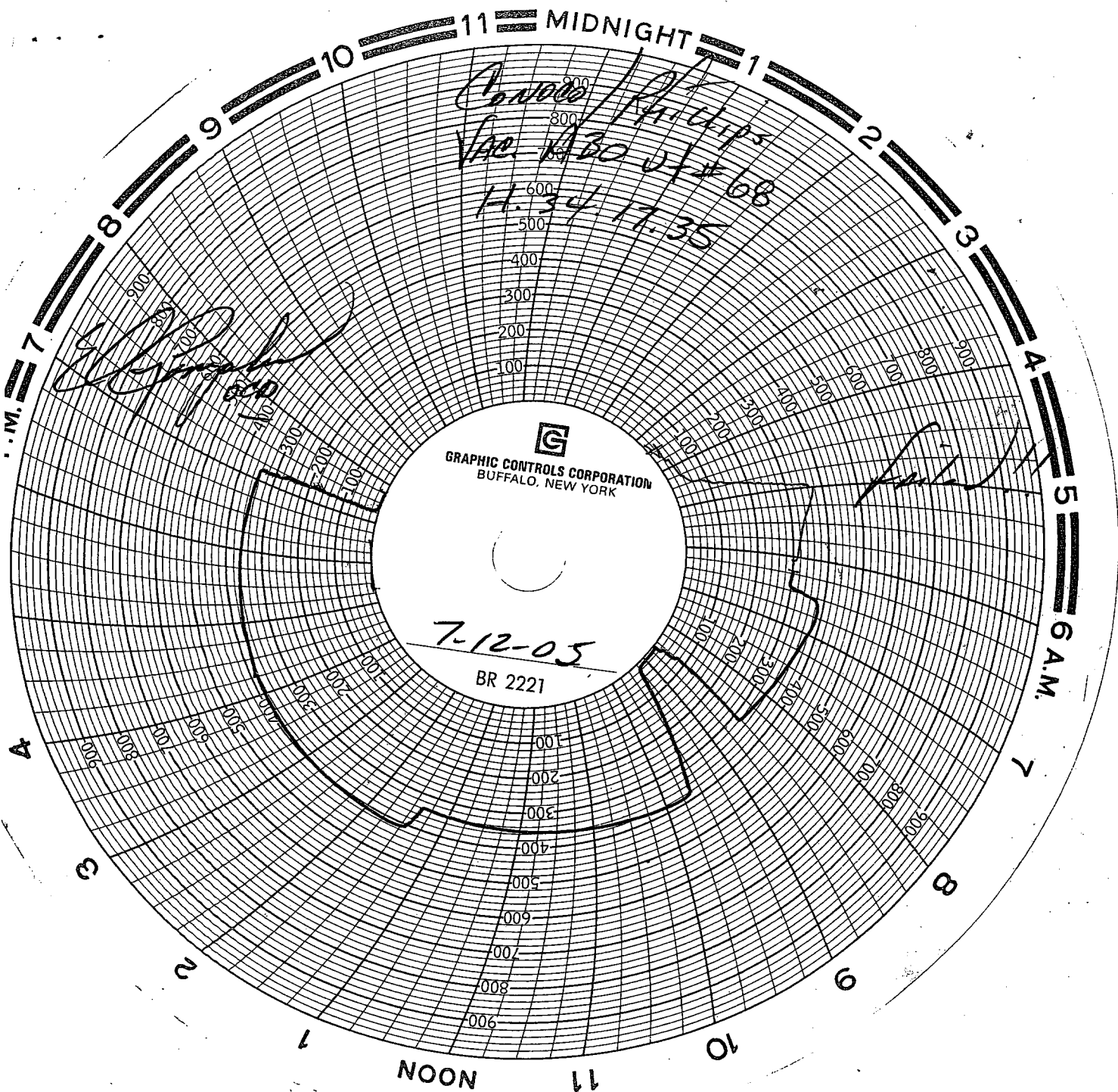
GARY W. WINK

OC FIELD REPRESENTATIVE STAFF MANAGER

APPROVED BY

Conditions of approval, if any:

DATE JUL 25 2005



NMOCB Scheduled MIT

VA 6-68

30025 2052800