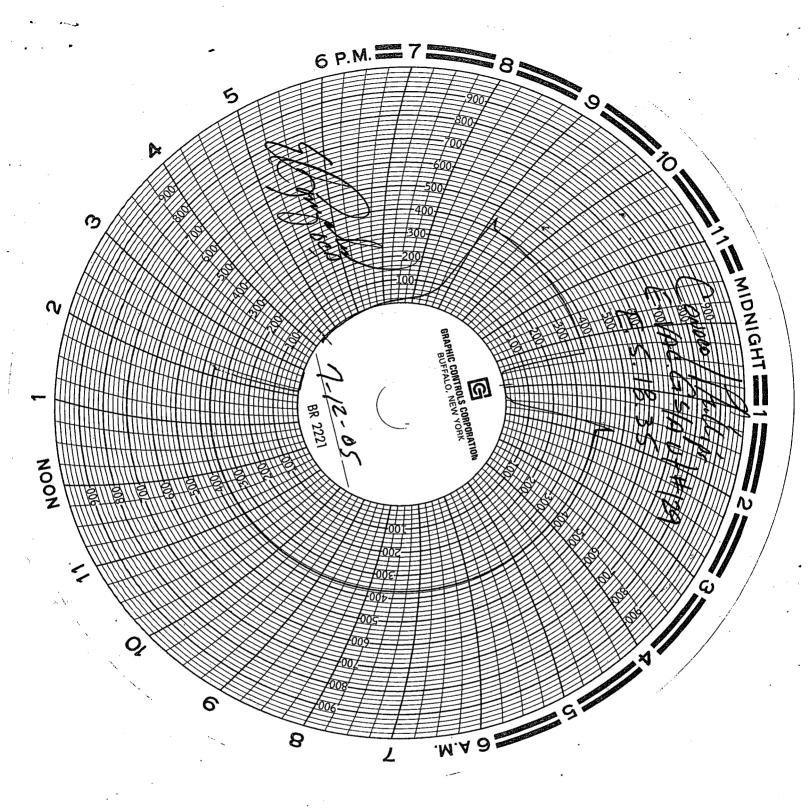
Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised June 10, 2003				
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO. 03-025-24906				
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr				5. Indicate Type of Lease STATE X FEE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505				6. State Oil & Gas Lease No.				
1220 S. St. Francis Dr., Santa Fe, NM 87505				B-1505				
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	CES AND REPORTS OF SALS TO DRILL OR TO DEEL CATION FOR PERMIT" (FOR	PEN OR PL	UG BACK TO A	7. Lease N EAST VA TR 0524	lame or Uni CUUM GB	it Agreement N /SA UNIT	Vame	
1. Type of Well: Oil Well ☒ Gas Well ☐ Other ✓				8. Well Number 129				
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 VACUUM GB/SA			
4. Well Location	998	5		VACOUN	I GD/SA			
Unit Letter E :	feet from the		line and 9	90	feet from th	e WEST	line	
Section 5	Township T-1		ange R-35E	NMPM	Co	unty LEA		
	11. Elevation (Show what 3965' GR	hether DR	R, RKB, RT, GR, etc	:.)				
12. Check A	Appropriate Box to Inc	dicate N	lature of Notice,	Report or (	Other Dat	a		
NOTICE OF IN	ΓENTION TO:		SUB	SEQUENT	REPORT	ΓOF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORI	ζ	☐ ALT	ERING CASIN	G □	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRII			G AND ANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	D				
OTHER:			OTHER: WELL I				X	
13. Describe proposed or complete of starting any proposed we or recompletion. 7/12/05 RUN MIT, COPY OF	rk). SEE RULE 1103. F	or Multip	le Completions: At	tach wellbore	e diagram o	cluding estima f proposed con	ted date	
I hereby certify that the information of	boyo is two and a well-t				7 72.2324 07.51.61.10.10.10.10.10.10.10.10.10.10.10.10.10	25262) 2020 A UL 2005 coeived Mobbs 000 244101681	2031-123	
I hereby certify that the information a			_					
SIGNATURE Say In	omas	TITLE_R	egulatory Assistant	•	DA	TE_07/20/200	05	
Type or print name Gay Thomas	<u> </u>	B-mail ad	Gay.Thomas	wconocophi	nps.com Telepho	one No. (432)3	68-121	
APPPROVED BY Conditions of approval, if any	)	ITLE		L II/STAFF		reJUL 25		



NMOCD Scheduled MIT EVGSAU 0524-129 30005249006