

Submit 3 Copies To Appropriate District Office

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

State of New Mexico  
Energy, Minerals and Natural Resources

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

Form C-103  
Revised June 10, 2003

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 03-025-24906
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No. B-1505
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762		7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT TR 0524
4. Well Location Unit Letter E : 498 feet from the NORTH line and 990 feet from the WEST line Section 5 Township T-18S Range R-35E NMPM County LEA		8. Well Number 129
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3965' GR		9. OGRID Number 217817
10. Pool name or Wildcat VACUUM GB/SA		

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)

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 07/20/2005

Type or print name Gay Thomas

Gay.Thomas@conocophillips.com

(This space for State use)

E-mail address: PRESENTATIVE II/STAFF MANAGER Telephone No. (432)368-1217

APPROVED BY Gay W. Wink TITLE DATE JUL 25 2005

Conditions of approval, if any



