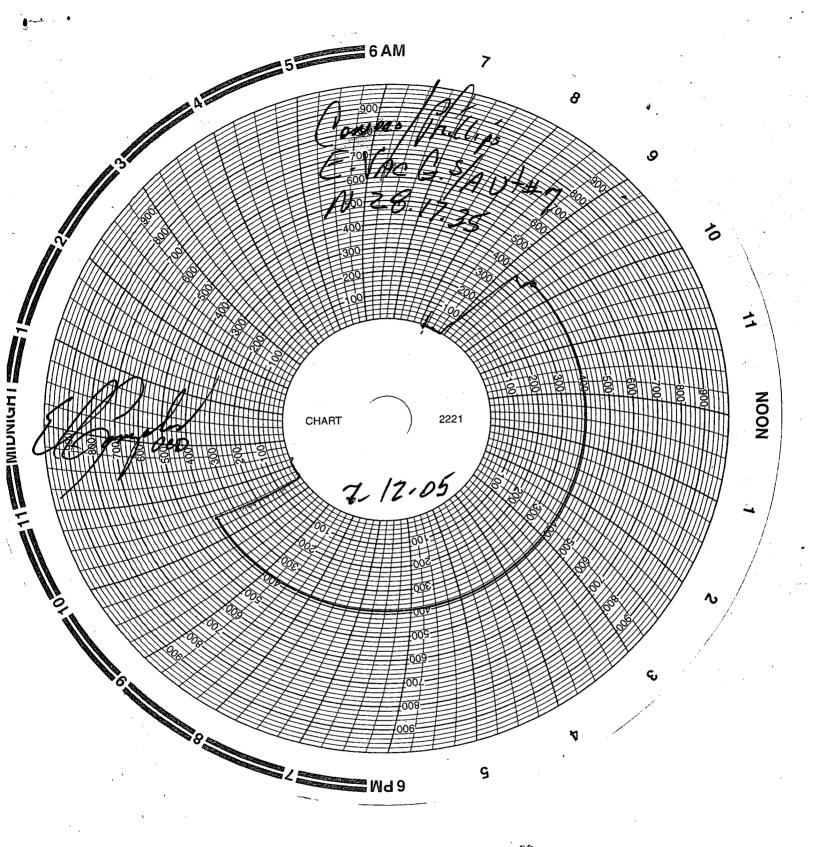
Sub ant 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised June 10, 2003
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, wither als and ivaluat Resources		WELL API NO. 30-025-26384
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	M 87410 1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Lease  STATE X FEE  6. State Oil & Gas Lease No.  A-1320
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.)			7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT TR 2801
1. Type of Well: Oil Well - Gas Well Other			8. Well Number 007
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			
Unit Letter N :	feet from the WEST	line and	feet from the SUOTH line
Section 28	Township 17-S 11. Elevation (Show whether I 3943 GR	Range 35-E OR, RKB, RT, GR, et	NMPM County LEA
12. Check A	Appropriate Box to Indicate	Nature of Notice	Report or Other Data
NOTICE OF IN PERFORM REMEDIAL WORK		-	SSEQUENT REPORT OF:
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	ILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST AN CEMENT JOB	
OTHER:		OTHER: WELL I	NTEGRITY TEST
<ol> <li>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.</li> <li>7/12/05 RUN MIT, COPY OF CHART ATTACHED, WITNESSED BY OCD (E. GONZALES)</li> </ol>			
			JUL 2005  Secoived  Mosts  OCD  A  Mosts  OCD  Mosts
I harshy cortific that the information shows in the state of the state			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Way This	mas TITLE	Regulatory Assistant	t DATE 07/21/2005 IS@conocophillips.com
Type or print name Gay Thomas	E-mail	address:	Telephone No. (432)368-121
APPPROVED BY Saugh. With TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER Conditions of approval, if any			



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