

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

Form C-103
Revised June 10, 2003

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

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.)		WELL API NO. 30-025-26930
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input 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-1502
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 C : 1225 feet from the NORTH line and 2580 feet from the WEST line Section 5 Township 18-S Range 35-E NMPM County LEA		8. Well Number 006
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3957.3 GR, 3970.3 RKB		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:

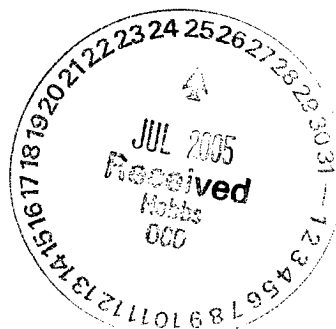
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

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)



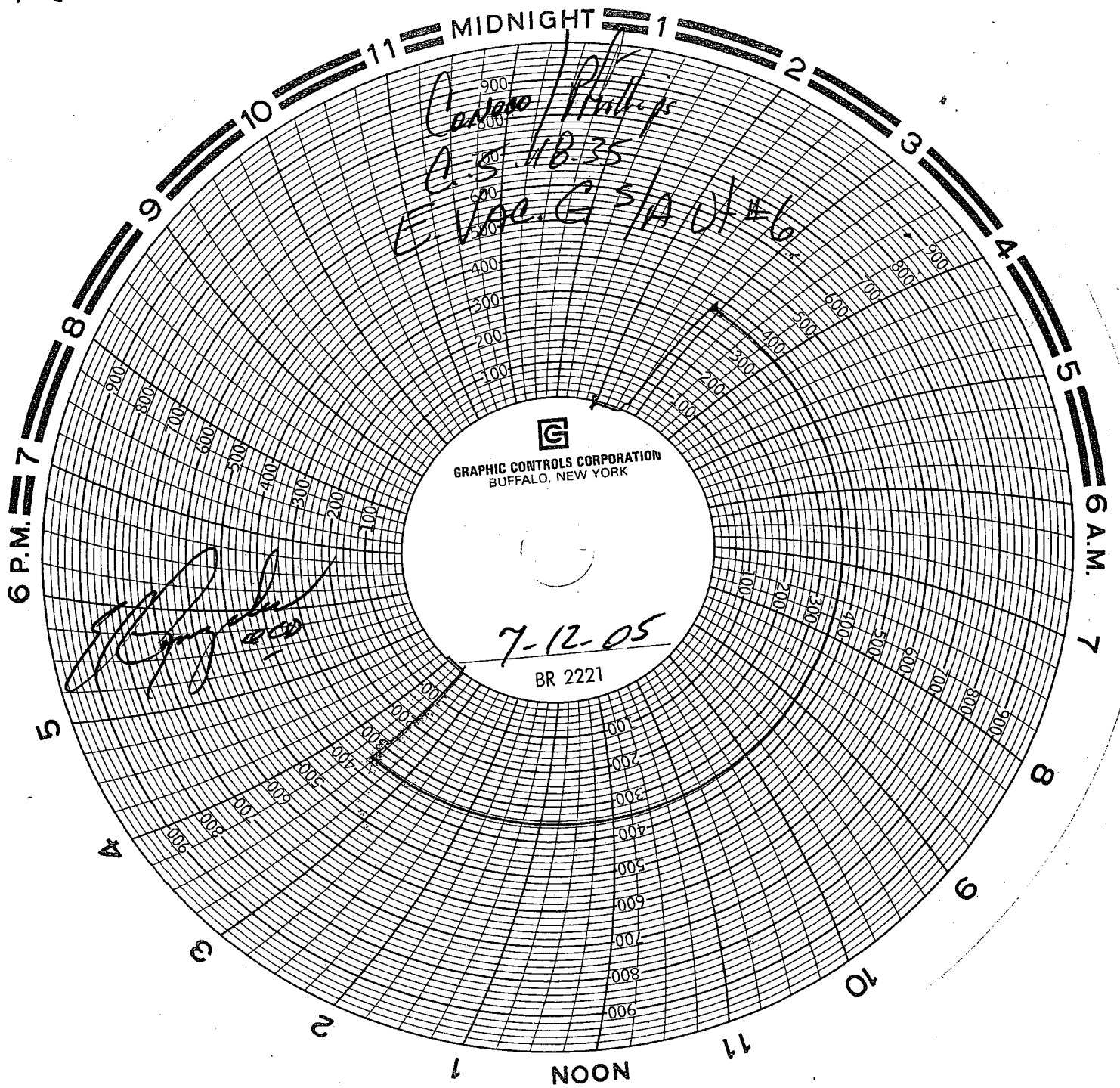
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Gay Thomas TITLE Regulatory Assistant DATE 07/21/2005

Type or print name Gay Thomas E-mail address: Gay.Thomas@conocophillips.com Telephone No. (432)368-1217

(This space for State use)

APPROVED BY Gay W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUL 25 2005
Conditions of approval, if any:



NMOC scheduled MIT
EUG SAU 0524-006 300252693000