

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

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. 30-025-27331
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-1838-3
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762		7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT TR 2437
4. Well Location Unit Letter 0 : 1200 feet from the SOUTH line and 1600 feet from the EAST line Section 24 Township 17-S Range 34-E NMPM County LEA		8. Well Number 003
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3905.8' RKB, 3992' 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.

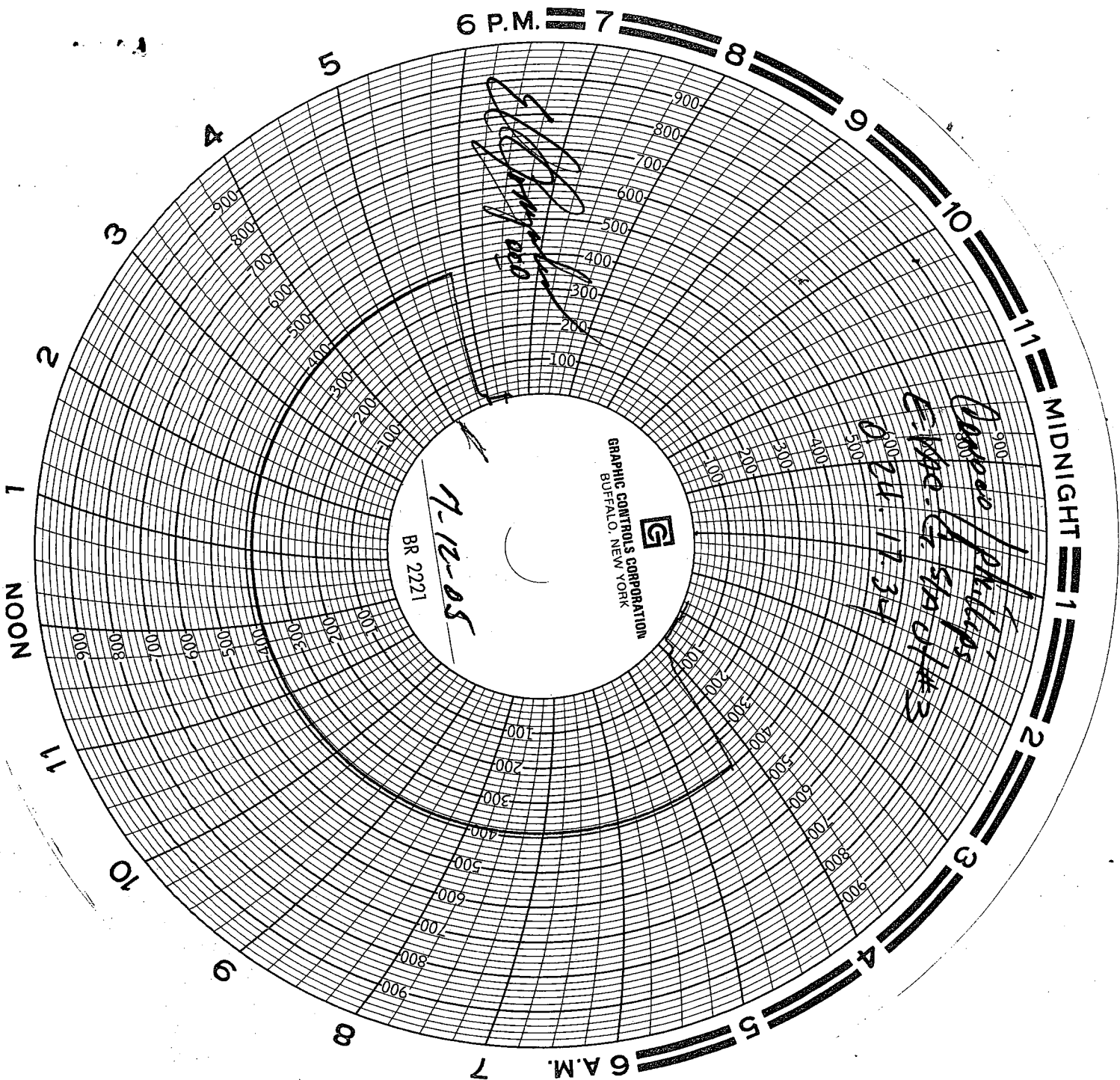
SIGNATURE Gay Thomas TITLE Regulatory Assistant DATE 07/21/2005

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

APPROVED BY Gay W. Wink
Conditions of approval, if any:

TO FIELD REPRESENTATIVE II/STAFF MANAGER

DATE JUL 25 2005



NMOC scheduled MIT
EUGSAU 2437-003 300252733100