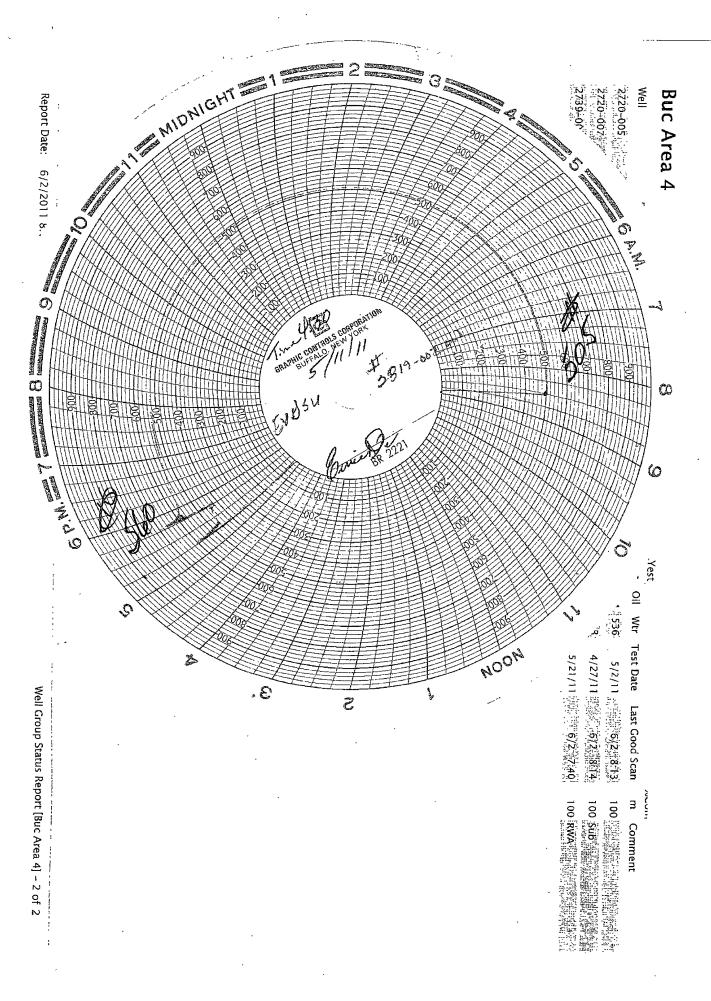
Submit I Copy To Appropriate District Office State of New-Mexico	Form C-103
Energy, Minerals and Natural Resources	Revised August 1, 2011
1675 N. French Dr. Hobbs AIM XX 7411	WELL API NO.
District II - (505) 748-1283 811 S. First St., Artesia, NM 89210 District III - (505) 334-6178	30-025-02921
District III – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, RECENED 87505	
07303	B-1423
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 -101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name East Vacuum GB-SA Unit 2819
1. Type of Well: Oil Well Gas Well ther Injection	8. Well Number 002W
Name of Operator ConocoPhillips Company	9. OGRID Number 217817
3. Address of Operator p. O. Box 51810	10. Pool name or Wildcat
Midland, TX 79710	Vacuum GB/SA
4. Well Location	V actuall OB/SA
	50 feet from the EAST line
Section 28 Township 17S Range 35E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County LEA
11. Elevation (Show whether DR, RRB, RF, GR, etc. 3932' GL	
12. Check Appropriate Box to Indicate Nature of Notice	e, Report or Other Data
VOTION OF INTENTION TO	
	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	
	RILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME	NI JOB
DOWNHOLE COMMINGLE	
OTHER: OTHER: MIT fo	or LOV
13. Describe proposed or completed operations. (Clearly state all pertinent details, a	
of starting any proposed work). SEE RULE 19:15:7:14 NMAC. For Multiple C	
proposed completion or recompletion.	
ND WH NU BOP. RIH w/ tbg plug set @ 4646'. Test tbg, run chart 500#/30 min- test	good (see attached chart) POOU w/ the plug
MD BOP NU WH.	good. (see attached chart). I OOH w/ tog ping.
·	
	<u> </u>
•	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowled	lge and belief.
•	
and and Coldin	
SIGNATURE (UXI) UITU TITLE Staff Regulatory Technic	<u>DATE 07/24/2012</u>
Type or mint name Ashlan Martin	DIVONE (400) COO COOC
	Oconocophillips.cdthIONE: (432)688-6938
For State Use Only	•
APPROVED BY: Accepted for Recent Caly TITLE	DATE
	DATE
Conditions of Approval (if any): $267-36-2012$	J "21 0010
	4 JOT 3.1 SOIS



API 300250292100 (Alb. 4/11/2011 me Nabb Truelling

Buc Area 4

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4/27/11 <u>第二章 6/2章</u> 5/21/11 <u>第二章 6</u>/2章

Well Group Sta

Report Date: