

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD State of New Mexico
Energy, Minerals and Natural Resources
SEP 6 2012
RECEIVED
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

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. 30-025-26650
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection Well		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-1576-3
3. Address of Operator P. O. Box 51810 Midland, TX 79710		7. Lease Name or Unit Agreement Name East Vacuum GB-SA Unit Tract 3229
4. Well Location Unit Letter N : 200 feet from the South line and 2500 feet from the West line Section 32 Township 17S Range 35E NMPM County LEA		8. Well Number 009
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3960' GL		9. OGRID Number 217817
		10. Pool name or Wildcat Vacuum; Grayburg-San Andres

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: Convert to Injection Well <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe the proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Test anchors. Move in, rig up workover rig. Function test BOP and Hydril. Perform top kill or bleed well pressure down. Shutdown, lockout and tag out flowline and power supply. ND wellhead, NU BOP and RU Spooling Unit. POOH w/tubing and ESP. Lay down ESP Assembly. Send to Centrillift. Below is current well configuration. RIH w/ 2 7/8" notched collar and workstring to TFF (PBTD +/-4746). Circulate well clean if needed. POOH. RU Wireline. Run SLB temperature/spinner log from PBTD (+/- 4811') to 4300'. Report results to Engineering for Change of Scope. RU Wireline. RIH w/ CIBP on wireline. Set CIBP @ 4560. COOH. RIH w/ packer and workstring. Tag up CIBP and move up 3-4 feet. Set packer and pressure test CIBP to 1500 psi. COOH w/ packer and workstring. TIH w/ 2 3/8", 4.7#, J-55 IPC (TK-99) tbg, wireline re-entry guide w/ pump out plug, 7" X 2 3/8" packer w/carbide slip upgrade, 2 3/8" X 7" OFT w/ 1.875", XN profile. Set packer @ 4350. Circ inhibited biocide-treated PKR fluid (2-3/8" x 7" annular volume dimensions below). Test tubing below slips @ 5000# while TIH. ND BOP. NU well. Retest casing to 500psi (chart test) Contact NMOCD to witness pressure test. Pump out plug. Place well on injection. Well already equipped with WAG wellhead.

Spud Date:

Rig Release Date:

WFX-877-A

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

SIGNATURE

Rhonda Rogers

TITLE Staff Regulatory Technician

DATE 04/30/2012

Type or print name Rhonda Rogers

E-mail address: rogerr@conocophillips.com

PHONE: (432)688-9174

For State Use Only

APPROVED BY:

Mark Whitaker

TITLE Compliance Officer

DATE 09-07-2012

Conditions of Approval: The Operator shall give the OCD District office 24 hours notice before work begins

CONDITION OF APPROVAL: Notify OCD Hobbs Office 24 hours prior to running MIT Test & Chart.

SEP 10 2012