

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

May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-26778
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <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-1497
3. Address of Operator 4001 Penbrook Odessa, TX 79762		7. Lease Name or Unit Agreement Name East Vacuum Grayburg/San Andres Unit Tract 2721
4. Well Location Unit Letter N : 2600 feet from the West line and 1300 feet from the South line Section 27 Township 17S Range 35E NMPM County Lea		8. Well Number 002
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 3931', RKB 3942'		9. OGRID Number 217817
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Vacuum Grayburg/San Andres
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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 COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: Repair casing, Test Casing ☐

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.

Please see attached documentation of work done to repair casing in this well. Casing repaired, tested and witnessed by NMOCD representative.  
See attached chart.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE

*Kay Maddox*

TITLE Regulatory Agent

DATE 06/07/2005

Type or print name Kay Maddox

For State Use Only

E-mail address:

Telephone No. (432)368-1207

OC FIELD REPRESENTATIVE II/STAFF MANAGER

JUN 09 2005

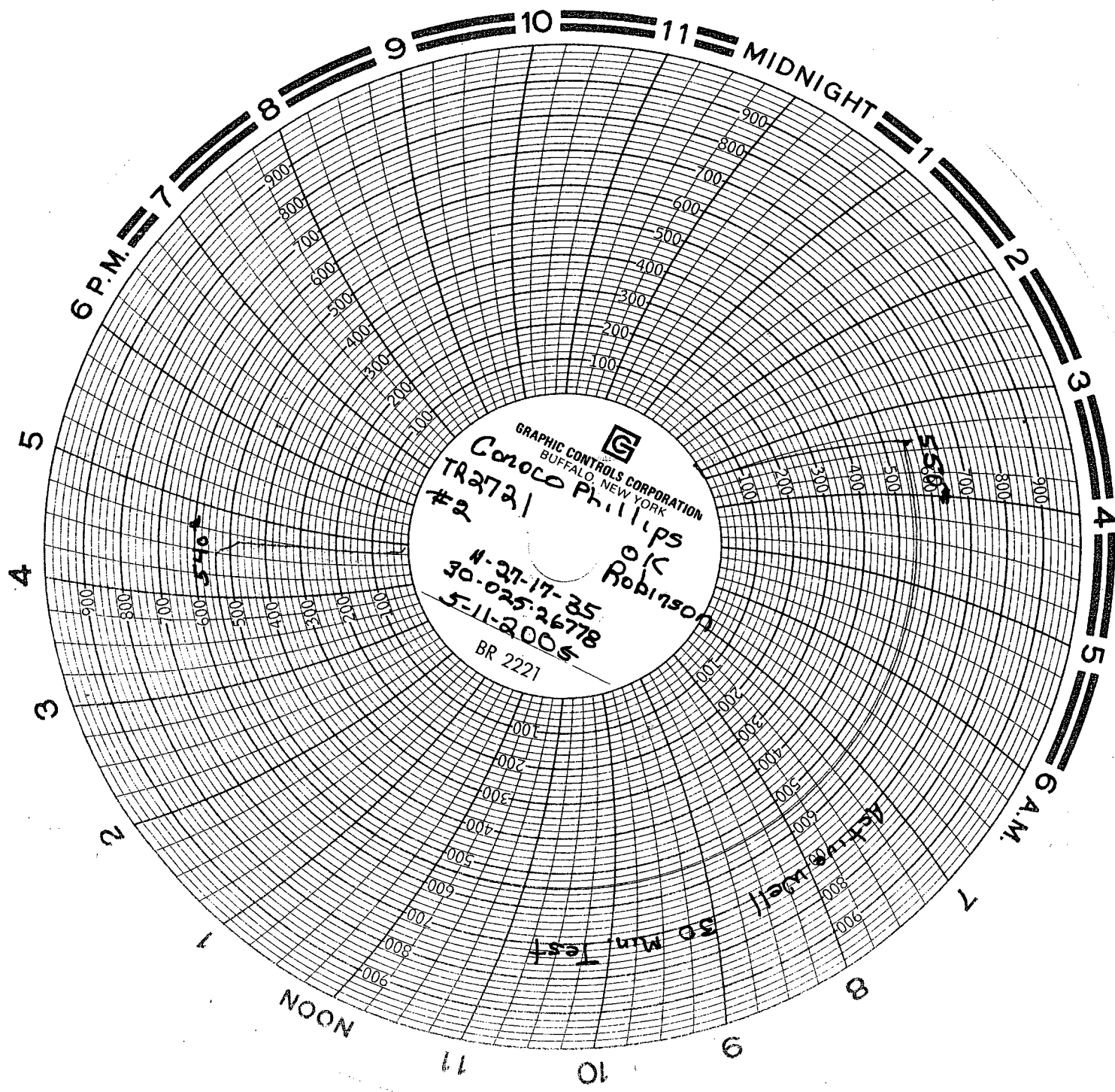
APPROVED BY:

*Gayle W. Wink*

TITLE

DATE

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
Coroco Phillips  
TR2721  
#2  
4-27-17-35  
30-025-26778  
5-11-2005  
BR 2221  
OK Robinson  
50 Min Test