

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. 30-025-26380
1. Type of Well: Oil Well ☐ Gas Well ☒ Other Water and Gas Injection		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No. B-1839-1
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762		7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract #2738
4. Well Location Unit Letter <u>E</u> : 2570 feet from the <u>North</u> line and 1110 feet from the <u>West</u> line Section <u>27</u> Township <u>17-S</u> Range <u>35-E</u> NMPM County <u>Lea</u>		8. Well Number 007
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3934" GR		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:

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.

8/2/05 RUN MIT, COPY OF CHART ATTACHED.

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

SIGNATURE Gay Thomas

TITLE Regional Assistant

DATE 08/15/2005

Type or print name Gay Thomas

E-mail address GARY.WGWIN@conocophillips.com

Telephone No. (432)368-1217

(This space for State use)

APPROVED BY Gary W. Wink

TITLE REGIONAL REPRESENTATIVE II/STAFF MANAGER

DATE

AUG 19 2005

