	Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION			Form C-103 Revised June 10, 2003		
	1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210				WELL AP	30-025-32661	
	District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV		South St. Francis Dr. ata Fe, NM 87505		5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.		
	1220 S. St. Francis Dr., Santa Fe, NM 87505				b-2262-3		
	SUNDRY NOTI (DO NOT USE THIS FORM FOR PROPOSITION OF THE SERVOIR. USE "APPLICATION OF THE SERVOIR.")	UG BACK TO A	7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract 3345				
	PROPOSALS.) 1. Type of Well: Oil Well Gas Well		8. Well Number W383				
Ī	2. Name of Operator ConocoPhillips Company				9. OGRID Number 217817		
	3. Address of Operator 4001 Pen Odessa, 7		10. Pool name or Wildcat Vacuum Grayburg/ San Andres				
	4. Well Location						
	Unit Letter N :	feet from the	South	line and	1769	feet from the West	line
-	Section 33	Township 17 11. Elevation (Show w		ange 35E k, RKB, RT, GR, et	NMPM c.)	County Lea	
L	12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					Other Data	
	NOTICE OF IN' PERFORM REMEDIAL WORK □	TENTION TO: PLUG AND ABANDON		SUE REMEDIAL WOR	•	T REPORT OF: ALTERING CASING	G □
	TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS	. PLUG AND ABANDONMENT	
	PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AT CEMENT JOB	ND		
	OTHER:			OTHER: Well Int			X
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.							
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					10	C202324262000	
-	hereby certify that the information	above is true and comple	te to the b	est of my knowleds	e and belief	-	
	SIGNATURE Lay Tho			egulatory Assistant		DATE 08/15/20	05
	Гуре or print name Gay Thomas		E-mail ac		s@conocophi	illips.com Telephone No. (432)3	<u></u>
(This space for State use	NO NO		ITALIEN BV	,	AUG 1 9 2	
Ć	APPPROVED BY Journal Conditions of approval, if any:	Illiant of	THE RE	PRESENTATIVE II	STAFF MAN	DATE	

