State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-26518 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE X FEE [ Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 31172 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) EAST VACUUM GB/SA UNIT 1. Type of Well: TRACT 3202 Oil Well Gas Well Other WATER INJECTION 2. Name of Operator 8. Well No. ConocoPhillips Company 009 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street Odessa, TX 79762 VACUUM GRAYBURG/SAN ANDRES 4. Well Location 175 Unit Letter 1650 feet from the SOUTH line and\_ feet from the line Section Township **NMPM** Range County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3956' ŒL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: C/O Test & Returned Well to Injection 12. 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 recompilation. 2/11/03 MIRU POOH LD 2-7/8 TBG & LAYED DOWN ON RACKS. 2/12/03 RIG UP AND SET 5-1/2 PKR @4280'. ND BOP, NU WELL HEAD FLANGED UP. TESTED CSG TO 500 PSI, RAN 30 MIN CHART, TEST OK. RD WSU CLEANED LOCATION AND RETURNED THE WELL TO INJECTION. PLEASE SEE ATTACHED CHART. I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE REGULATORY ASSISTANT 04/08/03 DATE.

(This space for State use)

Conditions of approval, if any

Type or print name ALVA FRANCO

OC FIELD REPRESENTATIVE II/STAFF MANAGER

915/368-1665

Telephone No.

X

