Submit 3 Copies To Appropriate District Office State of New Mexico Form C-103 Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-26651 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III FEE  $\square$ STATE X 1000 Rio Brazos Rd., Aztec, NM 87410 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 3229** Oil Well Gas Well Other WATER INJECTION 2. Name of Operator 8. Well No. ConocoPhillips Company 800 9. Pool name or Wildcat 3. Address of Operator VACUUM GRAYBURG/SAN ANDRES 4001 Penbrook Street, Odessa, TX 79762 4. Well Location 1300 2400 feet from the SOUTH line and feet from the line Section Township 17-S Range **NMPM** County T.RA 32 35-B 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3961' GR 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 CASING TEST AND PULL OR ALTER CASING MULTIPLE** COMPLETION CEMENT JOB OTHER: RAN INTEGRITY TEST & RETURNED TO INJ. X OTHER: 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. 03/20/2003 RAN TEST CHART @580 FOR 30 MIN, TEST OK AND RETURNED TO INJECTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY ASSISTANT SIGNATURE. 05/05/2003 \_DATE\_ Type or print name ALVA FRANCO Telephone No. 432/368-1488

(This space for State use)

Conditions of approval, if any

APPROVED BY

OC FIELD REPRESENTATIVE II/STAFF MANAGER

