

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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. 30-025-30759
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <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. 31158
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762		7. Lease Name or Unit Agreement Name: VACUUM ABO UNIT BATTERY 4 TRACT 7
4. Well Location Unit Letter P : 850 feet from the SOUTH line and 850 feet from the EAST line Section 27 Township 17S Range 35E NMPM County LEA		8. Well No. 05
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3925.4' GR 3940' RKB		9. Pool name or Wildcat VACUUM ABO REEF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: TEST & TEMPORARY ABANDON <input checked="" type="checkbox"/>

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.

3/26/2003 RAN AN INTEGRITY TEST @575# FOR 30 MIN. REQUEST OCD APPROVAL FOR 5 YR T.A. STATUS

This Approval of Temporary
Abandonment Expires 5/9/08

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

SIGNATURE Alva Franco TITLE REGULATORY ASSISTANT DATE 05/05/2003

Type or print name ALVA FRANCO Telephone No. 432/368-1665

(This space for State use)

APPROVED BY Harry W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 09 2003
Conditions of approval, if any:

