

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.	30-025-20822
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1414-2
7. Lease Name or Unit Agreement Name	Vacuum Glorieta East Unit Tract 9
8. Well No.	2
9. Pool name or Wildcat	Vacuum; Glorieta
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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.)

1. Type of Well:
Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
ConocoPhillips Company

3. Address of Operator 4001 Penbrook Street Odessa TX 79762

4. Well Location

Unit Letter P : 660 feet from the South line and 990 feet from the East line

Section 30 Township 17-S Range 35-E NMPM County Lea

11. 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: Reactivate well ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

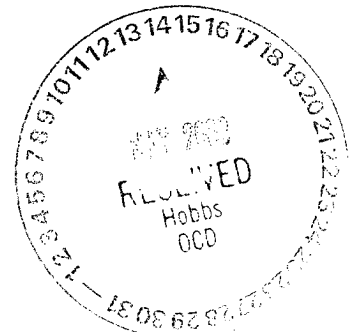
OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

Procedure to re-activate well per the following:

- Pull rods & tubing
- Tag PBTD
- RIH with rods & tubing
- Hang well on and test 1-2 weeks
- Upgrade artificial lift equipment as necessary.

*If unsuccessful, well will be Temporarily Abandoned in accordance with Statewide Rules.



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

SIGNATURE Celeste G. Dale TITLE Regulatory Analyst DATE 05/07/2003

Type or print name Celeste G. Dale

Telephone No. (432)368-1667

(This space for State use)

APPROVED BY Harry W. Wink TITLE _____ DATE MAY 15 2003

Conditions of approval, if any

OC FIELD REPRESENTATIVE II/STAFF MANAGER