Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals an	id Naturai	Resources	WELL API	
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION				5 Indicate	30-025-21352
District III 2040 South Pacheco				1	Type of Lease TE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505					Dil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505				B-1578-6	—— · · · · · · · · · · · · · · · · · ·
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 X Gas Well Other				7. Lease Name or Unit Agreement Name Vacuum Glorieta East Unit Tract 20	
2. Name of Operator ConocoPhillips Company				8. Well No. 001	
3. Address of Operator 4001 Penbrook Street, Odessa TX 79762				9. Pool name or Wildcat Vacuum; Glorieta	
4. Well Location		<del>-</del>		, vacaarii, c	Jionou
Unit Letter_F : 1	980 feet from the	North	line and <u>180</u>	00 fe	eet from the West line
Section 30	Township 175	S Ra	inge 35E	NMPM	County Lea
	10. Elevation (Show w	/hether DR,	RKB, RT, GR, etc.)		The program of the pr
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INT PERFORM REMEDIAL WORK				SEQUEN.	T REPORT OF:  ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS	S. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOBS	ND	
OTHER: Reactivate Well		X	OTHER:		
<ol> <li>Describe proposed or completed of starting and proposed work). or recompletion.</li> <li>Procedure to re-activate well per the</li> </ol>	SEE RULE 1103. For M				
- Pull rods & tubing					3141516171879
- Tag PBTD					131A 13 13 79 20
- RIH with rods & tubing - Hang well on and test				/.	
- Tag PBTD - RIH with rods & tubing - Hang well on and test - Upgrade artificial lift equipment as necessary.					
*If unsuccessful, well will be Temporarily Abandoned in accordance with Statewide Rules.					
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					2000
I hereby certify that the information	above is true and comp	lete to the	best of my knowled	lge and belief	
SIGNATURE Allesti	1 Dale		Regulatory Analyst		DATE 05/08/2003
Type or print name Celeste G. Dale					Talanhana No. (015)269 1667
(This space for State use)	^ ^		LD REPRESENTATI	VE II/STAFF	MANAGER 100
APPROVED BY Lay	1.1.		ED KERKESEINIAN		
Conditions of approval, if any:	z. w. w. B	TITLE			DATE MAY 1 5 20