

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. 30-025-26574
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Water Injection <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. B-1861
3. Address of Operator 4001 Penbrook St. Odessa TX 79762		7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract 2642
4. Well Location Unit Letter <u>H</u> : <u>1310</u> feet from the <u>East</u> line and <u>2630</u> feet from the <u>North</u> line Section <u>26</u> Township <u>17-S</u> Range <u>35-E</u> NMPM County <u>Lea</u>		8. Well No. <u>001</u>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3911' GL & 3921' RKB		9. Pool name or Wildcat Vacuum Grayburg/San Andres

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

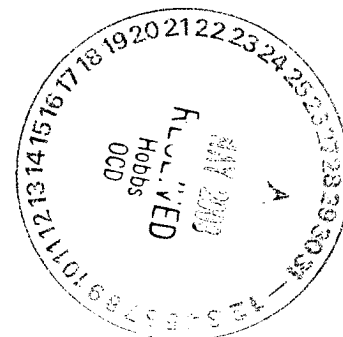
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

OTHER: Repaired Packer Leak, Tested, & Returned to Injecti ☒

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.

3/27/2003 Ran chart after repairing packer leak @480 psi for 30 min.



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

SIGNATURE Alva Franco TITLE HSE&Regulatory Assistant DATE 05/26/2003

Type or print name Alva Franco

Telephone No. (432)368-1665

(This space for State use)

APPROVED BY Harry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER
TITLE DATE MAY 30 2003

Conditions of approval, if any:

