Submit 3 Copies To Appropriate District Form C-103 State of New Mexico Office Revised March 25, 1999 Energy, Minerals and Natural Resources District 1 WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-03004 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco STATE X FEE 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 B-2519 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 Vacuum ABO Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH Tract 6 PROPOSALS.) 1. Type of Well: Oil Well X Other Gas Well Name of Operator ConocoPhillips Company 8. Well No. 9. Pool name or Wildcat Address of Operator 4001 Penbrook St. Odessa TX 79762 Vacuum ABO Reef Well Location : 760 feet from the North line and 760 feet from the East line NMPM County Lea Township 17-S Range 35-E Section 34 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3923 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS** ABANDONMENT CASING TEST AND **PULL OR ALTER CASING** MULTIPLE COMPLETION **CEMENT JOBS** OTHER: Perform Mechanical Integrity Test XOTHER: 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. 3/26/2003 Performed a mechanical integrity test per NMOCD requirements. Ran chart for 30 min @ 520#. Request OCD approval for temproary abandon status for 5 yrs. This Approval of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Assistant DATE 06/03/2003 **SIGNATURE** Type or print name Alva Franco Telephone No. (915)368-1665 TITE FIELD REPRESENTATIVE II/STAFF MANAGER (This space for State use) APPROVED BY Kay W. Wink DATE N 1 7 2003

Conditions of approval, if any:



