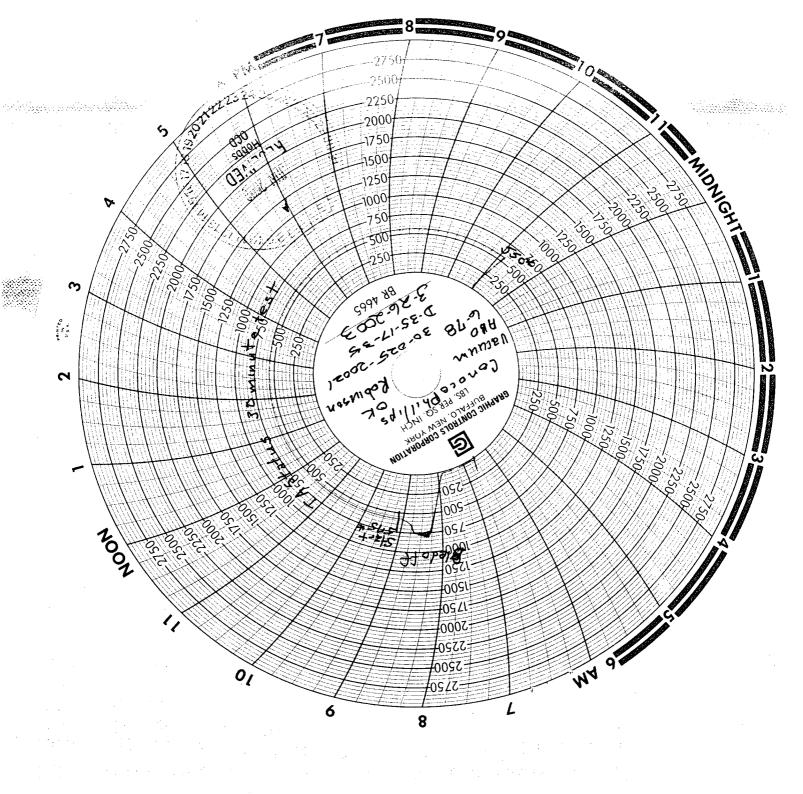
Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-20021 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco STATE X 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 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 Gas Well Other 2. Name of Operator ConocoPhillips Company 8. Well No. 78 Address of Operator 4001 Penbrook St. Odessa TX 79762 9. Pool name or Wildcat Vacuum ABO Reef Well Location Unit Letter D · 350 feet from the North line and 350 feet from the West Section 35 Township 17-S Range 35-E **NMPM** County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3921' DF 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOBS** OTHER: OTHER:Perform Mechanical Integrity Test 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. 3/26/03 Performed mechanical integrity test per NMOCD requirements. Request OCD for 5 yr temporary abandon status. This Approved of Temporary 6/17/08
Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE **TITLE Regulatory Assistant** DATE 06/03/2003 Type or print name Alva Franco Telephone No. (432)368-1665 (This space for State use) APPROVED BY Lay W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGE

Conditions of approval, if any:



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