State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised March 25, 1999

WELL API NO.

District II	OIL CONSERVATION DIVISION 2040 South Pacheco		30 - 025 - 28059			
811 South First, Artesia, NM 87210 District III			5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STA	ATE X FEI	E 🗆	
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No. B-2317			
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			7. Lease Name or Unit Agreement Name:			
PROPOSALS.)			STATE 35 UNIT			
1. Type of Well:			1			
Oil Well Gas Well	Other INJECTION					
2. Name of Operator			8. Well No.			
ConocoPhillips Company			17			
3. Address of Operator			9. Pool name or Wildcat			
4001 Penbrook Street, Odessa, TX 79762			VACUUM GRAYBURG/SAN ANDRES			
4. Well Location						
Unit Letter J: 26	30' feet from the SOUTH	_ line and	1330'	feet from the	EAST	line
Section 35	Township 17-S Range	35-E	NMPM	County		LEA
	 Elevation (Show whether DR, RI 4010 'GR 	KB, RT, GR, et	c.)	egister en		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	I			☐ ALTER		SING

PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: TESTED AND RETURNED TO INJECTION X

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

3/26/2003 Ran integrity test @500 for 30 minutes, test ok. Request OCD approval for temporary abandon status for 5 yrs.

This Approved of Temporary 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)

Conditions of approval, if Any:

PROVED BY Mary 11) Wenter

OC FIFLD REPRESENTATIVE II/STAFF MANAGER

__DATE___

JUN 16 2003

