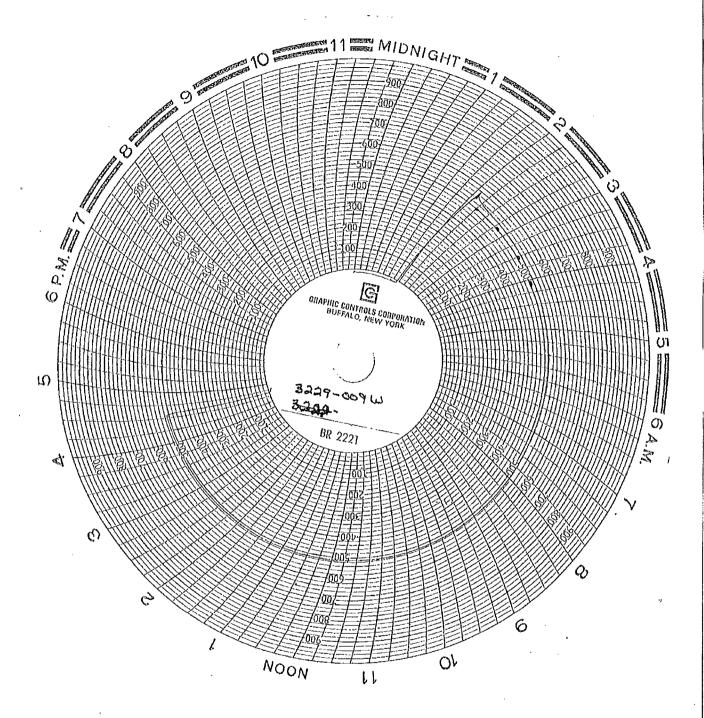
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 ADD A FORMATION DIVISION 30-025-26650	C-103
TO ADD A ECONO CONCERVA A LICANIA IN CONCERVA A LICANIA INCORDA IN CONCERVA A LICANIA IN	
District III – (505) 334-6178 1220 South St. Francis Dr. STATE X FEE	
District IV - (505) 476-3460 Santa Fe, NIVI 8/303 6. State Oil & Gas Lease No.	
87505 B-1576-3	
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 East Vacuum (GSA) Unit tract 3229	Name
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other 8. Well Number 009	
2. Name of Operator ConocoPhillips Company 9. OGRID Number 217817	/
3. Address of Operator P. O. Box 51810 10. Pool name or Wildcat	
Midland, TX 79710 Vaccum; Grayburg-San Andres	
4. Well Location	
Unit Letter N: 200 feet from the South line and 2500 feet from the West Section 32 Township 17S Range 35E NMPM County Lea	line
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3960' GR	
12. 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 CASI	VG □
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE	
OTHER: OTHER: convert to injection	\boxtimes
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estim of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	ated date f
RIH w/CIBP & set @ 4564', put 10' sand on top.	
RIH w/139 jts, 2 3/8", 4.7#, J-55 tbg & set @ 4351' & 6 5/8 x 2 3/8" pkr & set @ 4351'. Run MIT (attached) 5/4/12 520#/35 test good.	nins -
5/7/12 RDMO	
WFX-877-A	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Staff Regulatory Technician DATE 04/05/2013	
	 174
SIGNATURE TO TITLE Staff Regulatory Technician DATE 04/05/2013	174

APR 1 1 2013



EVGSAU 3229-009 5-4-12 STOPSI DROPPED TO SIOPSI 35 MIN