Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103
District 1 – (575) 393-6161	Energy, Minerals and Nat	ural Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 HOBBS OCD			WELL API NO.	25 02000
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-02909 5. Indicate Type of Lease	
District III - (505) 334-6178 ADD 1 5 2/0220 South St. Francis Dr.			STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 AFR 1 2013 Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM			A-1320	
87505 RECEIVED SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Un	it Agreement Name
(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.)			East Vacuum (GSA) Unit Tract 2801	
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 008	
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			Vacuum; Grayburg-San Andres	
4. Well Location				
Unit Letter M :	feet from the South	line and 660	feet from th	e West line
Section 28 Township 17S Range 35E NMPM County Lea				
	11. Elevation (Show whether DI			
	3960' GR	,		
			1	
12. Check	Appropriate Box to Indicate N	Nature of Notice, R	Report or Other Dat	ta
ì			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				TERING CASING
TEMPORARILY ABANDON				AND A
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE			•	
OTHER: Failed BH	$\overline{\mathbf{X}}$	OTHER:		П
	oleted operations. (Clearly state all		give pertinent dates, ir	cluding estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recompletion.				
Because of BH failure ConocoPhillipss would like to MIRU to repair well above.				
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Spud Date:	Rig Release D	ate:		
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	3			
I hereby certify that the information	above is true and complete to the	est of my knowledge	and belief.	
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SIGNATURE TO	TITLE Stoff	Regulatory Technician	DATE	04/08/2013
SIGNATURE (A) (B)	THE Stall I	Regulatory reclinician	DATE_	04/06/2013
Type or print name Rhonda Rogers	E-mail addres	s: rogerrs@conocoph	nillips.com PHONI	E: (432)688-9174
For State Use Only	7 0			
	$'$ V \sim Ω .	of none	> .	1/ 10 7012
APPROVED BY	TITLE //3	1 IVE	DATE_	7-10-00
CONDITION OF APPROVAL	. Notify OCD Hobbs	•	\ @CLA:	1 8 2013
Office 24 hours prior to running	APR	TO ".		
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