

HOBBS OCD

OIL CONSERVATION DIVISION

APR 15 2013

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

WELL API NO.	30-025-33582
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	19490
7. Lease Name or Unit Agreement Name	East Vacuum GB-SA Unit Tract 2739
8. Well Number	393
9. OGRID Number	217817
10. Pool name or Wildcat	Vacuum; Grayburg-San Andres

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 PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
ConocoPhillips Company

3. Address of Operator
P. O. Box 51810
Midland, TX 79710

4. Well Location
Unit Letter K : 1650 feet from the South line and 1980 feet from the West line
Section 27 Township 17S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3936' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- ALTERING CASING
- P AND A

OTHER: BHT FAILURE

OTHER:

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including 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 test failure ConocoPhillips would like to MIRU to repair above well, and then retest well.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rhonda Rogers TITLE Staff Regulatory Technician DATE 04/09/2013

Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com PHONE: (432)688-9174

For State Use Only

APPROVED BY: [Signature] TITLE DIST MGR DATE 4-18-2013

CONDITION OF APPROVAL: Notify OCD Hobbs Office 24 hours prior to running MIT Test & Chart.

APR 18 2013