Submit I Copy To Appropriate District State of New Mexico	Form C-103 Revised August, 2011
District I – (575) 393-6161 1625 N. French Dr. Hobbs, NM 88240-0	WELL API NO.
District II – (575) 595-6161 1625 N. French Dr., Hobbs, NM 88240 CD District II – (575) 748-1283 HOBBS OCD Still & CONSERVATION DIVISION Still & Eirst St. Attacia NM 88210	30-025-02964
$\frac{\text{District III}}{1000 \text{ Big Brages Pd Actes NM stdle 2.7 2013} 1220 \text{ South St. Francis Dr.}$	5. Indicate Type of Lease STATE X FEE
District IV – (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	A-1320
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 East Vacuum GB-SA Unit Tract 3202
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 004
2. Name of Operator ConocoPhillips Company	9. OGRID Number 217817
3. Address of Operator P. O. Box 51810 Midland, TX 79710	10. Pool name or Wildcat
4. Well Location	Vacuum: Grayburg-San Andres
4. Well Location 5. Unit Letter I : 1987 feet from the South line and 660 feet from the East line/	
Section 32 Township 17S Range 35E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3956' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
OTHER: DTHER: BH eval	uation X
 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. Date: 8/20/2013 Went to EVGSAU 3202-004 to verify if pressure was on the surface casing. (Well had been turned in as a Braden head failure). Upon opening the valve, the well pressure puffed for about 3 seconds with no visible fluid or gas flow at that point. Notified NMOCD 	
manager E.L.Gonzales on these pressure findings.	
Spud Date: Rig Release Date:	
Splu Date.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Meneled Belle TITLE Staff Regulatory Technici	anDATE 08/22/2013
Type or print name Rhonda Rogers E-mail address: rogerrs@conoco	phillips.comPHONE: (432)688-9174
For State Use Only	
APPROVED BY: Complete TITLE Dist NG	2 DATES-28-2013
Conditions of Approval (if any):	/

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