Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised June 10, 2003		
1625 N. French Dr., Hobbs, NM 88240	5 N. French Dr., Hobbs, NM 88240			WELL API NO.		
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-025-27985		
District III 1220 South St. Francis Dr. 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE X FEE			
District IV Santa Fe, NM 8/505				6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				B-4118		
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 LEA		
PROPOSALS.)  1. Type of Well:  Oil Well X Gas Well Other				8. Well Number 27		
Name of Operator     ConocoPhillips Company				9. OGRID Number 217817		
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762				10. Pool name or Wildcat VACUUM GB/SA		
4. Well Location						
Unit Letter L : 1980 feet from the SOUTH line and 660 feet from the WEST line						
Section 19	Township 1	7S R	ange 34E	NMPM	County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc. 4113' GL 4125' KB					County 221	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INT				SEOMENT PEFE	ORES QF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N $\square$	REMEDIAL WOR		alte <b>ri</b> g casing	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS: 1990	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ND ON	2728	
OTHER:			OTHER: TEST TA	A No. B		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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. WELL TEMPORARILY ABANDONED (ATTACHED MIT RUN). WELL IS BEING EVALUATED FOR POSSIBLE YATES OR QUEEN RECOMPLITION. IF UNECONOMICAL TO RECOMPLETE, WELL WILL BE RECOMMENDED FOR PA						
This App Abandor	proval of Tempora	ary <i>3/</i>	39/11	The state of the s	15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
I hereby certify that the information a	bove is true and compl	ete to the b	est of my knowleds	e and belief	47.00	
SIGNATURE Lay The	mas		egulatory Assistant		DATE 04/05/200	6
Type or print name Gay Thomas		E-mail ac		s@conocophillips.cor Tele	m ephone No. (432)36	 58-121
(This space for State use)						
APPPROVED BY HOUND DA APR 1 0 2006 Conditions of approval, if any:						

