Submit 3 Copies To Appropriate District Office <u>District I</u>	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised June 10, 2003			
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION				WELL API NO. 30-025-30076		
District III 1000 Rio Brazos Rd Aztec NM 87410 1220 South St. Francis Dr.					5. Indicate Type of Lease STATE X FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & Gas Lease No.			
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 PROPOSALS.)				LEA			
1. Type of Well: Oil Well X Gas Well Other				8. Well N	8. Well Number		
Name of Operator ConocoPhillips Company				9. OGRID	9. OGRID Number 217817		
3. Address of Operator 4001 Penbrook Street				10. Pool name or Wildcat			
Odessa, TX 79762 VACUUM GB/SA 4. Well Location							
Unit Letter F :	1980 feet from th	e NORTH	I line and	1980	feet from the WEST	line	
Section 19	Township 1	Ĉ.	lange 34E	NMPM			
11. Elevation (Show whether DR, RKB, RT, GR, etc.					County LEA		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF INT	TENTION TO 37 VI	igaricate 1			Γ REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N 🗌	REMEDIAL WO	•	☐ ALTERING CASING	; 🗌	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DE	ULLING OPNS	S. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	ABANDONMENT		
OTHER:			OTHER: TEST T	ΓA		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 . A ban	Approva donmer	ıl of Temporaı nt Expires	" <u>3/30/</u>			
I hereby certify that the information a	above is true and compl	ete to the b	est of my knowled	lge and belief.			
SIGNATURE Lay Ilo	mas	_TITLE_R	Regulatory Assistar		DATE_ 04/05/200)6	
Type or print name Gay Thomas		E-mail ac		as@conocoph	illips.com Telephone No. (432)3	68-1217	
(This space for State use)	1.1			· · · · · · · · · · · · · · · · · · ·			
APPPROVED BY Gonditions of approval, if any:	J. Wink	TITLE	HELD REPRESEN	ĦĂĦVŒŒŹŦ	APR 1 0 2006	— _/	

