Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 May 27, 2004
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO. 30-025-02897
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			B-2840
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 Grayburg San Andres Unit Tract #2739
PROPOSALS.) 1. Type of Well: Oil Well Gas Well OtherInjection			8. Well Number 003
2. Name of Operator ConocoPhillips Company (217817)			9. OGRID Number 217817
3. Address of Operator 4001 Penbrook Street			10. Pool name or Wildcat
Odessa, TX 79762 4. Well Location			Vacuum; Grayburg/San Andres
Unit Letter J: 1980 feet from the South line and 1980 feet from the East line			
Section 27 Township 17-S Range 35-E NMPM CountyLea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3937' RKB, 3927' GR			
Pit or Below-grade Tank Application or Closure			
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water			
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRII	
OTHER.		OTHER:Reactivati	
OTHER: 13. Describe proposed or comp	leted operations. (Clearly state al		I 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 reactivated April 2006			
The state of the s			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will. be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .			
SIGNATURE (West)	1 // 1	egulatory Specialist	DATE 09/26/06
Type or print name Celeste G. Dale	E-mail a	ddress;celeste.g.dale	@conocophillips: Echephone No. (432)368-1667
For State Use Only	1 10		TARE MANAGER
APPROVED BY: Louy W. Conditions of Approval (if any):	Uhrk TITLE	OC FIELD REPRES	SENTATIVE II/STAFE MANAGER DATE SEP 2 7 200