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	Zanorgy, Armonaio ana Paulai a Paulai a			WELL API NO. 30-025-02908		
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u>	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE X FEE 6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				A-1320	e das Lease No.	
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.)				7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA TRACT 2801		
1. Type of Well: Oil Well X Gas Well Other				8. Well Number		
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 GRAYBURG SAN ANDRES		
4. Well Location						Table 1
Unit Letter I :	1980 feet from th	e SOUTH	I line and	660 fee	t from the EAST	_line
Section 28	Township 1		Range 35-E	NMPM	County LEA	
	11. Elevation (Show 3951' DF	whether Dl	R, RKB, RT, GR, etc	c.)		
12. Check A	ppropriate Box to 1	Indicate 1	Nature of Notice,	Report or Ot	her Data	
NOTICE OF INT	ENTION TO:	_	SUB	SEQUENT R	REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N ∐	REMEDIAL WOR	K L	ALTERING CASING	G 🗌
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI		PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ND [
OTHER:			OTHER: DOWN	HOLE REPAIR	S	X
	k). SEE RULE 1103. VELL W/10 LB BRIN	For Multip E, PMPD 8 100' SCALE PI	ole Completions: And BBLS, SET PKRROHIBITOR, SQZ	ttach wellbore di	iagram of proposed com	pletion
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					with the contract of the contr	
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I hereby certify that the information a	oove is true and comple	ete to the b	est of my knowledge	e and belief.		
SIGNATURE May The	mas	_TITLE_I	Regulatory Assistant		DATE_ 08/11/20	06
Type or print name Gay Thomas		E-mail a	ddress:	s@conocophillip	Telephone No. (432)3	68-1217
(This space for State use)) OCI	TELD REPI	RESENTATION			
APPPROVED BY APPPROVED BY TITLE Conditions of approval, if any: OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE SEP 0.2.2000						
Conditions of approval, if any:					SEP 0 2 2006	