Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			Revised June 10, 2003 WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION				30-025-37384
District III	1220 South St. Francis Dr.			5. Indicate Type of Lease STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			6. State Oil &	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
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 VACUUM ABO UNIT TRACK 013	
1. Type of Well: Oil Well Gas Well-图 Other				8. Well Number	er 21
2. Name of Operator ConocoPhillips Company				9. OGRID Nur	mber 217817
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762				10. Pool name VACUUM AB	
4. Well Location					
Unit Letter_D :_	feet from the	ne NORTH	I line and	405 feet	from the WEST line
Section 4	Township 1		Range 35E	NMPM	County LEA
	11. Elevation (Show 3948' GR	whether DI	R, RKB, RT, GR, et	c.)	
12. Check A	appropriate Box to	Indicate N	Nature of Notice	Report or Othe	er Data
NOTICE OF INT	ENTION TO:			SEQUENT RI	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N 🗆	REMEDIAL WOR	K 🔀	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ND 🗆	
OTHER:			OTHER: STIMUI	LATE & CLEAN	OUT 🛛
 13. Describe proposed or complete of starting any proposed work or recompletion. STIMULATE & CLEANOUT: PMP 2000 GAL 15% HCL, PMP THEN 2000 ACID FLUSH W/5 PRODUCTION 	PACKER SET @8500 MIRU SCHLUMB 500# ROCK SALT DI AND 2000 GLS AC	For Multip 0' ERGER AC IVERTER V CID W/ 200 ER. CONTI	CID SERV. PMP 20 W/12 BBL BRINE PSI DIVERTER.	ttach wellbore dia DBBLS FRESH W PMP 12 BBLS B	gram of proposed completion ATER @ 2 BBL/MIN. RINE W/ ROCK SALT
					1500 15028
					Deviese 2160M 630
I hereby certify that the information a	bove is true and compl	lete to the b	est of my knowledg	e and belief.	N. Carlotte
SIGNATURE Hay M.	omas-		Regulatory Technici		DATE 08/14/2006
			Gay. Thoma	s@conocophillips	D111 L
Type or print name Gay Thomas (This space for State use)		E-mail a			Telephone No. (432)368-121
(This space for State use)	10				
APPPROVED BY	William	OC DIST	RICT SUPERVISOR	GENERAL MAN	AGERATE OCT 1 8 2006