

Oct. 19. 2006 4:26PM

ConocoPhillips

No. 0190 2. 5

Submit 3 Copies To Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-26570

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-2224

7. Lease Name or Unit Agreement Name
East Vacuum Grayburg/San Andres Unit
Tract #2150

8. Well Number 001

9. OGRID Number

217817

10. Pool name or Wildcat

Vacuum; Grayburg/San Andres

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.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other Water Injection

2. Name of Operator

ConocoPhillips Company

3. Address of Operator 4001 Penbrook Street
Odessa, TX 79762

4. Well Location

Unit Letter P : 1310 feet from the East line and 10 feet from the South line
Section 21 Township 17S Range 35E NMPM County/Lea11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3946' GR, 3959' RKBPit or Below-grade Tank Application ☐ or Closure ☐

Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water

Pit Liner Thickness: mll Below-Grade Tank: Volume bbls; Construction Material

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐OTHER: ☐OTHER: Reactivate well ☒

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 reactivated, volumes reported on 08/06 NM OCD Form C-115, copy attached.

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

TITLE Regulatory Specialist

DATE 10/18/06

Type or print name Celeste G. Dale
For State Use Only

E-mail address: celeste.g.dale@conocophillips Telephone No. (432) 368-1667

APPROVED BY:

TITLE

DISTRICT SUPERVISOR/GENERAL MANAGER

DATE

Conditions of Approval (if any):

OCT 24 2006