| Submit 3 Copies To Appropriate District Office | State of New Mexico | Form C-103 |
|---|---|---|
| District I En 1625 N. French Dr., Hobbs, NM 88240 | nergy, Minerals and Natural Resources | Revised May 08, 2003 WELL API NO. |
| District II | OIL CONSERVATION DIVISION | 30-025-20885 |
| 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, Santa Fe, NM | Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. |
| 87505 | ID DEDORTS ON WELLS | B-1838-1 |
| 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 Glorieta East Unit Tract 25 |
| 1. Type of Well: Oil Well X Gas Well Other | · | 8. Well Number 03 |
| 2. Name of Operator ConocoPhillips Comp | | 9. OGRID Number 217817 |
| 3. Address of Operator 4001 Penbrook St. Odessa TX 79762 | | 10. Pool name or Wildcat |
| 4. Well Location | | Vacuum Glorieta |
| 4. Well Location | | |
| Unit Letter E : 1880 | feet from the North line and 660 | feet from the West line |
| Section 32 | Township 17 S Range 35 E evation (Show whether DR, RKB, RT, GR, etc.) | NMPM County Lea |
| 3979 | 'RKB; 3967' GL | |
| 12. Check Appropri | iate Box to Indicate Nature of Notice, I | |
| NOTICE OF INTENTI PERFORM REMEDIAL WORK☐ PLUG | AND ABANDON REMEDIAL WORK | SEQUENT REPORT OF: C ALTERING CASING |
| TEMPORARILY ABANDON | GE PLANS 🗌 COMMENCE DRII | LLING OPNS. PLUG AND ABANDONMENT |
| PULL OR ALTER CASING MULTI COMP | PLE CASING TEST AN CEMENT JOBS | |
| OTHER: Extension to Deadline for BHT | ☐ OTHER: | |
| or recompletion. Well failed the annual BHT. Per the NM | rations. (Clearly state all pertinent details, and RULE 1103. For Multiple Completions: Attacon OCD instruction Notice, the well is be within to this deadline date, to 11/22/03, allowing adequate the state of the | ch wellbore diagram of proposed completion |
| | | |
| | | A |
| | | A. 44. |
| | | Hobbs ED |
| | | |
| I hereby certify that the information above is t | rue and complete to the best of my knowledge | and belief. |
| SIGNATURE (lua Fran | TITLE HSE&Regulatory Assis | DATE 09/16/2003 |
| Type or print name Alva Franco | | Telephone No. (432)368-1665 |
| (This space for State use) | | (102)300 1003 |
| APPROVED BY | ORIGINAL SIGNED BY GARTIWLEWINK | SEP 1 9 2003 |
| Conditions of approval, if any: | OC FIELD REPRESENTATIVE II/STA | AFF MANAGER |