

Submit 3 Copies To Appropriate District  
Office  
District J  
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, Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised May 08, 2003

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

WELL API NO.	30-025-02897
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. B-2840	
7. Lease Name or Unit Agreement Name East Vacuum GB/SA Tract #2739	
8. Well Number 003	
9. OGRID Number 217817	
10. Pool name or Wildcat Vacuum Grayburg/San Andres	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3937' RKB, 3927' GL	

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

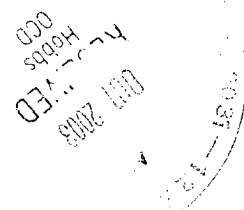
3. Address of Operator 4001 Penbrook St. Odessa TX 79762

4. Well Location  
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 County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Tested Casing & Returned to Injection <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  
6/13/03 RIH tested the csg to 520 PSI for 30 minutes and returned the well to injection.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Alva Franco TITLE Admin. Assistant DATE 10/01/2003

Type or print name Alva Franco Telephone No. (432)368-1665  
(This space for State use)

APPROVED BY Harry W. Wink TITLE SUPERVISOR/GENERAL MANAGER DATE OCT 06 2003  
Conditions of approval, if any: OC DISTRICT SUPERVISOR

