

Submit 3 Copies To Appropriate District  
Office  
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, 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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-03015
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ConocoPhillips Company		6. State Oil & Gas Lease No. B-1845
3. Address of Operator 4001 Penbrook Odessa TX 79763		7. Lease Name or Unit Agreement Name Vacuum ABO Unit Battery 3 Tract 10
4. Well Location Unit Letter <u>J</u> : 1980' feet from the <u>South</u> line and <u>2310'</u> feet from the <u>East</u> line Section <u>34</u> Township <u>17-S</u> Range <u>35-E</u> NMPM County <u>Lea</u>		8. Well Number 9
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3938' RKB		9. OGRID Number 217817
		10. Pool name or Wildcat VACUUM ABO REEF

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

NOTICE OF INTENTION TO:

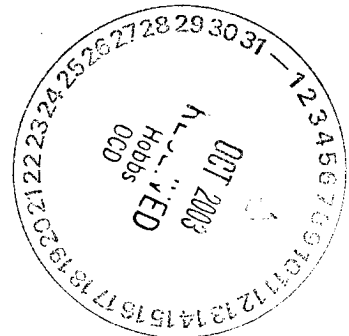
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER: Repair Casing Leak ☒

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.

9/16/03 - Had Casing Leak, ND BOP, NU Wellhead. RU Pump truck to casing. Test casing/packer to 500 psi for 30 min. Held good. Put well back on injection. A MIT chart is attached.



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

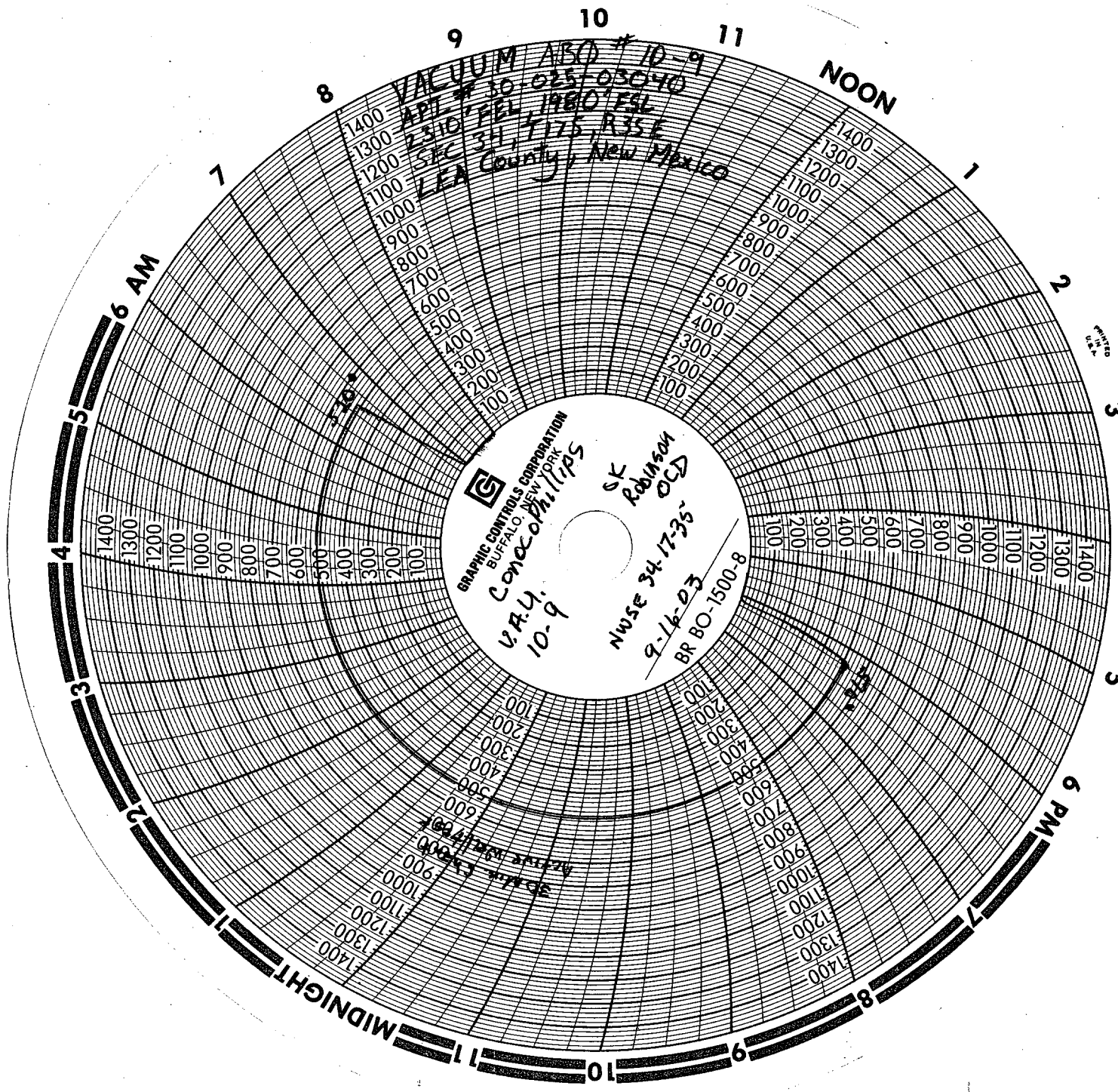
SIGNATURE Kristy S. Ward TITLE Regulatory Assistant DATE 10/06/2003

Type or print name Kristy S. Ward

Telephone No. (432)368-1371

(This space for State use)

APPROVED BY Larry W. Wink TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE OCT 16 2003  
Conditions of approval, if any:



VACUUM ABC # 10-9  
APT # 10-023-03040  
2310 FSL 1980 FSL  
SEC 31, 1175, R35E  
LEA County, New Mexico

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
Cone Phillips  
V.A.U.  
10-9

SK Robinson  
OCD  
NWSE 34-17-35  
9-14-23  
BR BO-1500-8

35-14-17-35  
9-14-23  
BR BO-1500-8