

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.	30-025-26864
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	B-1527
7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract 3127	
8. Well Number	007
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 Odessa TX 79763

4. Well Location

Unit Letter J : 2560' feet from the South line and 2550' feet from the East line

Section 31 Township 17S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3996' RKB 3985' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

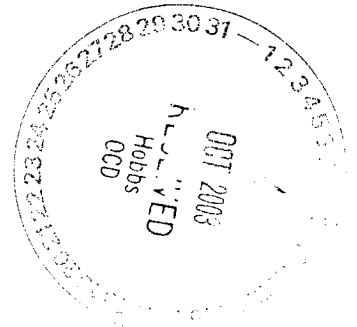
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

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.

9/2/03 - Had Casing Leak, welder repaired casing @ 5'. RU Pump truck to casing. Test casing to 500 psi. Held good. Fill in cellar. ND BOP. NU wellhead. Test casing/packer to 500 psi for 30 minutes. 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

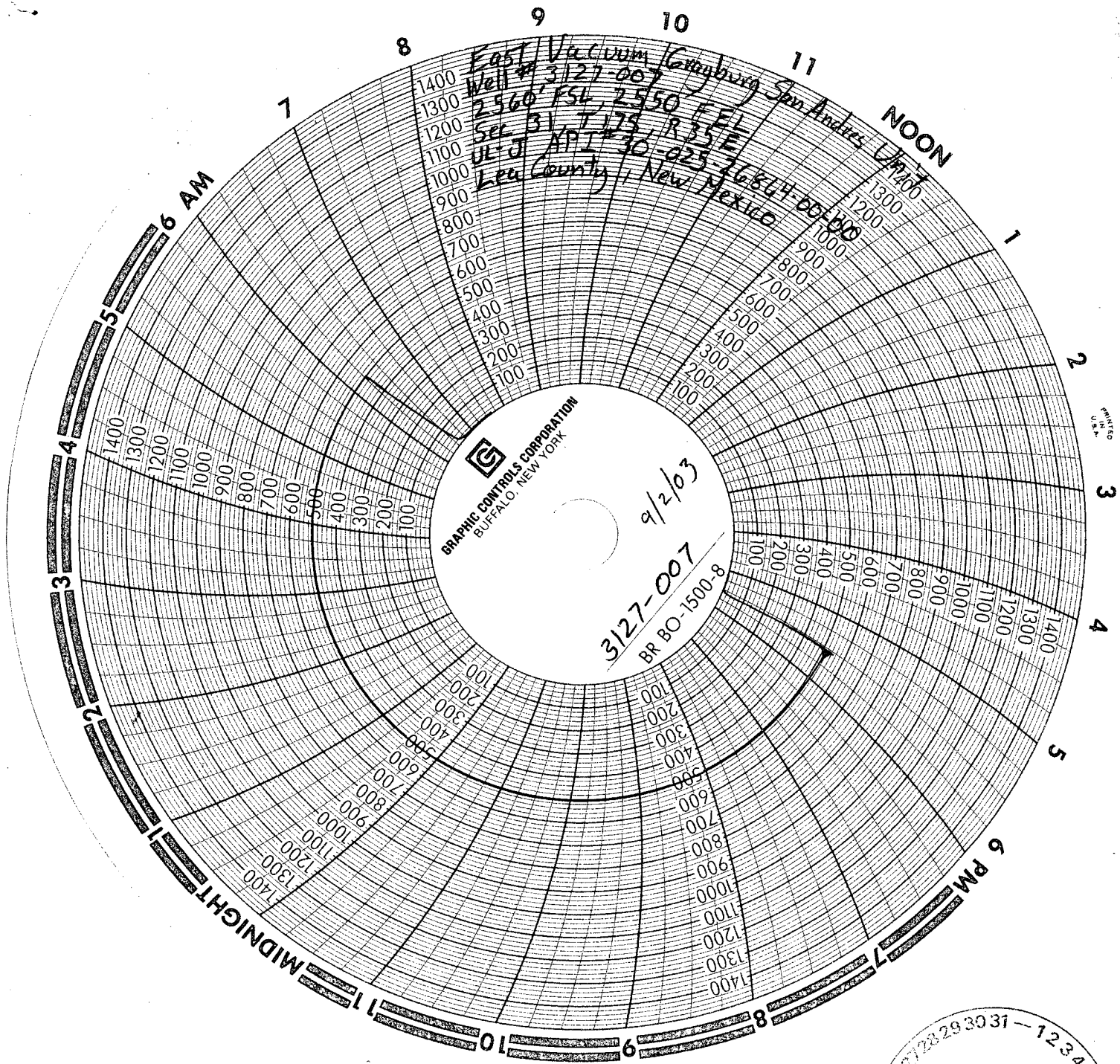
Type or print name Kristy S. Ward

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:



123456789101112
OCT 2003
RECEIVED
Hobbs
OCD