Submit 3 Copies To Appropriate District State of New Me	exico Form C-103		
Office Energy Minerals and N	atural Resources Revised May 08, 2003		
District I Effet gy, Wither and Two 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION	N DIVISION 30-025-26863		
District III 1220 South St. Fra	5. Indicate Type of Lease       STATE       STATE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 8			
District IV 1220 S. St. Francis, Santa Fe, NM	B-1597		
87505 SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL	LIG PACK TO A		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO			
PROPOSALS.) 1. Type of Well:	8. Well Number		
Oil Well Gas Well Other Water Injection	006		
2. Name of Operator	9. OGRID Number		
ConocoPhillips Company	217817		
3. Address of Operator 4001 Penbrook Odessa TX 79763	10. Pool name or Wildcat		
	Vacuum Grayburg/San Andres		
4. Well Location			
Unit Letter J : 1330' feet from the South line and 1530' feet from the East line			
Section 31 Township 17S R	ange 35E NMPM County Lea		
11. Elevation (Show whether DR, F	•		
3976' RKB 3965' GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
	REMEDIAL WORK		
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS PLUG AND ABANDONMENT		
PULL OR ALTER CASING DULL OR ALTER CASING COMPLETION	CASING TEST AND CEMENT JOBS		
OTHER:	OTHER: Convert to WAG Well		
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.			
9-4-03 - ND Wellhead, NU BOP, POOH with tubing and packer. POOH with tubing, scraper and bit. Finish cleaning out fill.			
9-9-03 - POOH with tubing, collars and bit. TIH with packer, on/off tool and tubing. ND BOP, NU Wellhead. Test casing/packer to 500 psi for 30 mins.			
Held good. Put well back on injection. A MIT chart is attached.			
016 8 Loo			
LET THE TOTAL			
COEGLEL HONSKY			
	- of LL SP		

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Kustys. Ward	TITLE Regulatory Assistant	DATE 10/15/2003
Type or print name Kristy S. Ward		Telephone No. (432)368-1371
(This space for State use)		MANIACER
APPROVED BY	OC DISTRICT SUPERVISOR/GENERAL	DATET-9-4-9002-
Conditions of approval, if any:		

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