

Submit 3 copies to appropriate District

State of New Mexico

FORM C-103

Office

Energy, Minerals and Natural Resources

May 27, 2004

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 Dr., Santa Fe, NM

87505

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

WELL API NO.

30-025-03073

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

B-1838

7. Lease Name or Unit Agreement Name  
Vacuum Abo Unit  
Tract 13, Btty. 2

8. Well Number 17

9. OGRID Number 217817

10. Pool name or Wildcat  
Vacuum; Abo Reef**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 ☐

2. Name of Operator

ConocoPhillips Company

3. Address of Operator 3300 N. "A" Street, Bldg. 6  
Midland, TX 79705

4. Well Location

Unit Letter O : 890 feet from the South line and 2210 feet from the East lineSection 5 Township 18S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3949' GL, 3964' RKB

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

**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 COMPL ☐OTHER: Repair well failure and convert to injection ☒**SUBSEQUENT REPORT OF:**REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/21/2007 Well tested &amp; failed. Test previously submitted.

We respectfully request an extension to the compliance date for this well to 07/30/08. An injection application package is presently in the compilation process. Plans include repairing the casing and converting well to injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE

TITLE Regulatory Specialist

DATE 05/06/2008

Type or print name Celeste G. Dale

E-mail address: celeste.g.dale@conocophillips Telephone No. (432)688-6884

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OCD DISTRICT SUPERVISOR/GENERAL MANAGER

APPROVED BY:

TITLE

DATE MAY 06 2008

Conditions of Approval (if any):