Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-26862 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 STATE **x** Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-1527 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) EAST VACUUM GB/SA UNIT 1. Type of Well: **TRACT 3127** Oil Well Gas Well G Other x Injector 2. Name of Operator 8. Well No. ConocoPhillips Company 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street Odessa, TX 79762 VACUUM GRAYBURG/SAN ANDRES 4. Well Location 10 SOUTH Unit Letter feet from the line and feet from the line Township 178 Section Range 35E **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3978.7' RKB 3967' GL 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT PULL OR ALTER CASING** CASING TEST AND **MULTIPLE** COMPLETION **CEMENT JOB** OTHER: OTHER: Well commenced CO2 injection \mathbf{x} 12. 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 recompilation. 09/30/03 Per Order No. R-12034, well put on to CO2 injection @ 2:30 P.M., 300 BPD rate, 740# on wellhead. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE. TITLE Regulatory Analyst DATE___ 10/27/03 Type or print name Celeste G. Dale Telephone No. 432-368-1667 (This space for State use) OCT 3 0 2003 CAC ENTINUEPRESENTATIVE INSTAFF MANAGEDATE

Conditions of approval, i