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 District II 30-025-26864 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE **x** FEE \square 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 Other x INJECTOR 2. Name of Operator 8. Well No. ConocoPhillips Company 007 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street Odessa, TX 79762 VACUUM GRAYBURG/SAN ANDRES 4. Well Location 2560 Unit Letter __ SOUTH feet from the line and 2550 feet from the line Township 17S Range **NMPM** 35E County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3996' RKB 3985' 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 **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND 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 @ 2:40 P.M., 308 BPD rate, 400# on wellhead. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Analyst SIGNATURE. 10/27/03 DATE_ Type or print name Celeste G. Dale Telephone No. 432-368-1667 OC FIELD REPRESENTATIVE IL/STAFF MANAGER (This space for State use)). Wink __ TITLE APPROVED BY DATE Conditions of approval, if an