Submit 3 Copies To Appropriate District	State of Ne					Form C-1		
Office District I	Energy, Minerals and	Natu	ral Resources	TYPET I AT	T NO	Revised March 25, 19	999	
1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSEDVATION DIVISION				WELL API NO. 30-025-26865				
811 South First, Artesia, NM 87210			5. Indicate Type of Lease					
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505					ATE 🗷	FEE		
District IV					il & Gas L		\dashv	
2040 South Pacheco, Santa Fe, NM 87505				B-1838				
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:				7. Lease Name or Unit Agreement Name: EAST VACUUM GB/SA UNIT TRACT 3236				
Oil Well Gas Well Other x INJECTOR				IRACI 3236				
2. Name of Operator				8. Well N	o.		7	
ConocoPhillips Company					008			
3. Address of Operator				9. Pool name or Wildcat VACUUM GRAYBURG/SAN ANDRES			1	
4. Well Location	TX 79762			VACUUM G	RAYBURG/S	SAN ANDRES	\dashv	
4. Wen Bocation								
Unit Letter <u>E</u> :	2590 feet from the	NOF	line and	50	feet from	the WEST li	ne	
Section 32	Township 17	'S	Range 35E	NMPM		County LEA		
	10. Elevation (Show wh					County 222		
	3980	.5' F	KB 3970' GR	<u> </u>				
11. Check A	Appropriate Box to Ind	licate	Nature of Notice,	Report, o	r Other I	Data		
NOTICE OF INTE	ENTION TO:		SUB	SEQUE	NT REP	ORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	J_4,5		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLI	ING OPNS.		PLUG AND		
PULL OR ALTER CASING	MULTIPLE	\Box	CASING TEST AND		\Box	ABANDONMENT		
FOLE OR ALTER CASING	COMPLETION	ш	CEMENT JOB					
OTHER:			OTHER: Well com	nenced CO2	injecti	on.	x	
12. Describe Proposed or Complete of starting any proposed work). or recompilation.			ertinent details, and g	ive pertinen	t dates, inc	cluding estimated date proposed completion		
09/30/03 Per Order No	. R-12034, well put on	n to	CO2 injection @ 2:	45 P.M.		101121314151625		
	, 300# on wellhead.					6 ¹ 2		
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I hereby certify that the information above	is true and complete to the b	est of	my knowledge and belie	f.	-		_	
	, ,		,					
SIGNATURE (Mesti	H. Wall	TITL.	E Regulatory Anal	yst	D	ATE 10/27/03		
Type or print name Celeste G. Dal	e				Telephon		8	
(This space for State use)	A		-				_	
(Ims space for State day)	11.		······································	NE IL/STAF	FMANA	OCT 3 0 2003		
APPROVED BY Conditions of approval, if any	wink	ÖÜÜ	HELD REPRESENTAT	IAT III O II A	DA	TE 2003	_	