Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Revised March 25, 1999 Office District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-20290 District II OIL CONSERVATION DIVISION 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III STATE IX FEE  $\square$ Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-2354-2 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.) VACUUM GLORIETA EAST UNIT 1. Type of Well: TRACT 37 Oil Well Gas Well Other 8. Well No. 2. Name of Operator ConocoPhillips Company 9. Pool name or Wildcat 3. Address of Operator VACUUM GLORIETA 4001 Penbrook Street Odessa, 4. Well Location NORTH 1980 2310 feet from the\_ line feet from the line and\_ Unit Letter **NMPM** Township 35E County **17**S Range Section 31 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3986' RKB 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND **MULTIPLE PULL OR ALTER CASING** COMPLETION CEMENT JOB OTHER: OTHER: TEST & REQUEST 5 YEAR T.A. STATUS  $\mathbf{x}$ 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. 09/22/03 30-min. chart attached, witnessed by NMOCD (J. Robinson), request 5-yr. TA status This Approval of Temporary Abandonment Expires Hobbs OCD I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Analyst **SIGNATURE** DATE\_ 11/11/03 Type or print name Celeste G. Dale Telephone No. 432-368-1667 (This space for State use) OPCIELD REPRESENTATIVE II/STAFF MANAGE

Conditions of approval, if affy

