| Submit 3 Copies To Appropriate Distri | | State of New Mexico Energy, Minerals and Natural Resources | | | | | Form C-10 | |
|---|--|--|---------------------------|--|---|--------------|--|---------|
| Office District I | | | | | DI NO | Revis | ed March 25, 199 | }9 ┓ |
| 1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSERVATION DIVISION | | | | WELL API NO. 30-025-26865 | | | | |
| 811 South First, Artesia, NM 8/210 | | | 5. Indicate Type of Lease | | | | 7 | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 | | Santa Fe, NM 87505 | | | STATE 🗷 FEE 🗌 | | | |
| District IV 2040 South Pacheco, Santa Fe, NM 87505 | | | | 6. State Oil & Gas Lease No. B-1838-1 | | | | |
| 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.) | | | | | 7. Lease Name or Unit Agreement Name: EAST VACUUM GB/SA UNIT | | | |
| 1. Type of Well: Oil Well Gas Well Other x INJECTOR | | | | | TRACT 3236 | | | |
| 2. Name of Operator | | | | 8. Well N | lo. | | | |
| ConocoPhillips Company | | | | | 9. Pool name or Wildcat | | | |
| 3. Address of Operator 4001 Penbrook Street Odessa, TX 79762 | | | | | VACUUM GRAYBURG/SAN ANDRES | | | |
| 4. Well Location | <u> </u> | | | 1 11100011 | | | <u> </u> | 1 |
| Unit Letter | : 2590 feet from the | NORTH | line and | 50 | _ feet from | the | WEST lin | е |
| Section 32 | Township | 17 s Ran | ge 35E | NMPM | | County | LÆA | |
| Section 32 | 10. Elevation (Show | | RKB, RT, GR, e | | | , | | |
| 11. Che | ck Appropriate Box to l | | | Report, c | or Other I | Data | >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | ex. |
| | NTENTION TO: | | | BSEQUE | | | F: | |
| PERFORM REMEDIAL WORK | | ON 🔲 RE | MEDIAL WORK | | | | ING CASING | |
| TEMPORARILY ABANDON | ☐ CHANGE PLANS | | MMENCE DRILI | LING OPNS. | | PLUG / | AND ONMENT | |
| Pull or alter casing | MULTIPLE COMPLETION | | SING TEST AND MENT JOB |) | | | | |
| OTHER: | | □ от | HER: Well con | menced CO2 | 2 injecti | on. | | X |
| 12. Describe Proposed or Com of starting any proposed we or recompilation. | pleted Operations (Clearly sork). SEE RULE 1103. For | | | | | | | |
| 09/17/03 30-min. o | chart attached, witness | ed by NMOC |) (J. Robinson | ı), per wel | .l activa | tion | | |
| | | | | | | TA 12.73 | 170 | |
| | | | | | | , | 1575 | |
| | | | | | 13 | ·. | 0.2 | |
| | | | | | 345 | NOV 200 | 13 55 | |
| | | | | | 12 h | الريد الا | | |
| | | | | | 1 | Hobbs | 27 | |
| | | | | | 150 | OCD | $\Delta^{\mathcal{O}}$ | |
| | | | | | 1,05° | Des en men e | 7.36 C. | |
| | | | | | | 67980 | 39 | |
| | | | | | | | | _ |
| I hereby certify that the information a | above is true and complete to th | e best of my l | nowledge and beli | ief. | | | | |
| SIGNATURE CULLSTIC | A. Wale | TITLE_ | Regulatory Ana | lvst | D | ATE | 11/11/03 | _ |
| Type or print name Celeste G. | Dale | | | | Telephon | e No. | 432-368-1667 | - |
| (This space for State use) | 1,12 | | | | | | | |
| APPROVED BY Land |). Wink | TITLE | | | DA | TE | <u> </u> | _ |
| Conditions of approval, if any: | OC FIE | LD REPRESE | NTATIVE 11/STA | AFF MANAC | 358 | 175 | JV 1 4 200. | 3 |

í

