Submit 3 Copies To Appropriate District Office		State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised May 08, 2003		
District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave. Artesia, NM 88210 OIL CONSERVATION DI				WELL API NO.			
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 South St. Fra Santa Fe, NM 8			ncis Dr.	5. Indicate Type STATE 6. State Oil & C	X FEE		
1220 S. St. Francis, Santa Fe, NM 87505				MC20353			
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 Tract #3127			
1. Type of Well: Oil Well Gas Well Other Injector				8. Well Number 398			
· · · · · · · · · · · · · · · · · · ·				9. OGRID Num			
ConocoPhillips Company 3. Address of Operator 4001 Penbrook Street Odessa TX 79762				217817 10. Pool name or Wildcat			
3. Address of Operator 4001 Penbrook Street Odessa 1X /9/02				Vacuum Grayburg/San Andres			
4. Well Location				<u> </u>			
Unit Letter J :	feet from the	South	line and 2140	feet fro	om the East	_line	
Section 31 Township 17-S Range 35-E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				NMPMLea	County New Mex	ico	
	3976' GR, 3989' KB						
	Appropriate Box to I	ndicate N					
NOTICE OF INTENTION TO: SUBS				SEQUENT RE	PORT OF: ALTERING CASIN	IC \square	
_	LOG AND ADAINDO	·· 🗀	NEWIEDIAL WORK	`	ALIERING CASIN	IG []	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRII		PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOBS	ID 📙			
OTHER: OTHER: Well com				menced CO2 inje	ction	X	
13. Describe proposed or comp of starting and proposed we or recompletion. 10/30/03 Chart attached, witne	leted operations. (Clearl ork). SEE RULE 1103. F essed by NMOCD (E. Go	or Multiple	ertinent details, and Completions: Attac	give pertinent date h wellbore diagrar	es, including estimate	etion	
			•				
					201223242536		
				/5		23/	
					MIN 2003	13	
			Pr	NX-203	h VED	30.37	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE Culeste A. Dale TITLE Regulatory Analyst				DATE 11/20/2003			
Type or print name Celeste G. Dale				Telephone No. (432)368-1667			
(This space for State use)		2 <u>8. j.</u> 319. am s					
APPROVED BY MAS /	1///	C.DISTRIC	Ť ŜUPERVISÕŘ/ĞĒ	NERAL MANAGE	FROATE		

Conditions of approval, if any:

