Office	State of New Mexico	Form C-103
Engran	Minerals and Natural Resources	June 19, 2008 WELL API NO.
District I  1625 N French Dr., Hobbs, NM 88  District II  District II		30-025-03004
1201 W. Cound Ave. Astocia NM 00210 UTT CONNOTAL VALUED VIDEN		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 8741 APR 06 Ziiii 220 South St. Francis Dr. Santa Fe. NM 87505		STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NMOBBSOCD	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		B-2519
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		Vacuum Abo Tract 6
PROPOSALS.)		8. Well Number 64
1. Type of Well: Oil Well  Gas Well  Other		
2. Name of Operator		9. OGRID Number 217817 /
ConocoPhillips Company  3. Address of Operator	<del></del>	10. Pool name or Wildcat
P.O. Box 51810 Midland, Tx 79710		Vacuum Abo Reef
4. Well Location		
7.00	from the North line and	990 feet from the East line
	wnship 17S Range 35E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3923' GL		The state of the s
12. Check Appropriate I	Box to Indicate Nature of Notice,	, Report or Other Data
NOTICE OF INTENTION O	ro. L	DEFOUENT DEPORT OF
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING MULTIPLE C		<del>_</del>
DOWNHOLE COMMINGLE		
	_	
OTHER:	OTHER: Re	clamation
13. Describe proposed or completed operations	s. (Clearly state all pertinent details, ar	nd give pertinent dates, including estimated date
		ttach wellbore diagram of proposed completion
or recompletion.		
	1.5 0000 T D 1.1	
The above well was plugged and abandoned on Marlocation, and reclamation work is in progress.	cn 5, 2009. The Dry hole marker has	been installed, all equipment removed from the
location, and reclamation work is in progress.		
	·	
Spud Date:	Rig Release Date:	
	<u> </u>	
I hereby certify that the information above is true ar	d complete to the best of my knowledg	ge and belief.
SIGNATURE	Sr. Regulatory S	pecialist 4/2/2009 DATE
	Donna.J.Wi	lliams@
Type or print name	E-mail address: Conocophil	122 600 6012
For State Use Only		
ADDROVED DV.	TITLE DISTRICT 1 SUP	ervisor Date APR 0 8 2009
APPROVED BY:  Conditions of Approval (if any)	HILE	DATE