Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
	Energy, Minerals and Natur	ral Resources	WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 88340			30-025-26390	
District I 1625 N. French Dr., Hobbs, NM 88310 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.			5. Indicate Type of Leas	se /
1000 P. D. A. P. P. A. P. A. P. P. A. P. P. A. P. P. A. P.			STATE X	FEE 🗌 🗸
Divising Maille 15, INIVI 07, JUD			6. State Oil & Gas Leas	e No.
1220 S. St. Francis Dr., Santa Fe 108BSOCD 87505			B-2273-2	
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 3456	
1. Type of Well: Oil Well Gas Well Other Water Injector			8. Well Number 006	
2. Name of Operator ConocoPhillips Company			9. OGRID Number	7817 J
			10. Pool name or Wildo	
3. Address of Operator 3300 N. "A" St., Bldg. 6 Midland, TX 79705			Vacuum; Grayburg-San Andres	
4. Well Location				
Unit Letter D : 16				/
Section, 34		inge 35E		nty LEA V
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3936' GR				
12. Check App	propriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				RING CASING 🗌
TEMPORARILY ABANDON				DA 🗆
PULL OR ALTER CASING			T JOB	
DOWNHOLE COMMINGLE				
OTHER: Remove CIBP		OTHER:		
13. Describe proposed or complete	ed operations. (Clearly state all J	pertinent details, an	d give pertinent dates, incl	uding estimated date
). SEE RULE 1103. For Multip	le Completions: A	ttach wellbore diagram of	proposed completion
or recompletion.				
ConocoPhillips plans to remove the	CIBP @ 4610' and isolate the lo	wer perfs to increa	se injection	
Run new 2.875" tubing and set packer @ 4302'				
Pressure test and return to production.				
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Spud Date:	Rig Release Da	ate:		
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			, , , , , , , , , , , , , , , , , , ,	
I hereby certify that the information about	we is true and complete to the be	est of my knowledg	ge and benen.	
SIGNATURE Jalye N. E	Q0		D 4 7777 0	410 610 000
SIGNATURE TITLE Regulatory Specialist DATE O				4/06/2009
Type or print name Jalyn N. Fiske E-mail address: Jalyn.Fiske@conocophillips.com PHONE: (432)688-6813				
For State Use Only USTRUCT 1 SUPERVISOR APR 1 3 2000				
APPROVED BY: amy W	TITLE		DATE_	APR 13 2009
Conditions of Approval (if any):	- /			