Submit 3 Copies To Appropriate District Office S	tate of New Mexico	Form C-103
Energy, Minerals and Natural Resources 1625 N French Dr., Hobbs, NN 88210 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd, Aztec, NM 8 MAY 18 2009 1220 South St. Francis Dr. South Feature		June 19, 2008
		WELL API NO. / 30-025-31903
		5. Indicate Type of Lease
		STATE X FEE
District IV 1220 S. St. Francis Dr., Santa F JOBBSOCD 87505		6. State Oil & Gas Lease No. E-6504
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		7. Lease Name or Unit Agreement Name Vacuum Abo Unit, Tract 14
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 05
2. Name of Operator		9. OGRID Number 217817
ConocoPhillips Company /		/
3. Address of Operator P.O. Box 51810 Midland, Tx 79710		10. Pool name or Wildcat Vacuum Abo Reef
4. Well Location		
Unit Letter L: 1475 feet from the South line and 430 feet from the line		
Section 5 Town		NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3965 GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO	o: Subs	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND AB.	ANDON REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLAN	_	
PULL OR ALTER CASING	MPL CASING/CEMENT	JOB []
OTHER:	OTHER:	П
13. 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 recompletion.		
As per the attached subsequent report, the above well was plugged and abandoned on 4/9/2009. The dry hole marker has been installed,		
equipment removed from location, and reclamation work is in progress.		
Spud Date:	Rig Release Date:	
	<u> </u>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
	Gra Daniel al an G	. 7
SIGNATURE	TITLESr. Regulatory Sp	DATE
Type or print name Donna Williams	Donna.J.Wil E-mail address: Conocophill:	
For State Use Only	_ E-man addressOHOOPHIII.	ips.com PHONE: 432-688-6943
APPROVED BY: 4 and W. TITLE DISTRICT 1 SUPERVISOR DATE MAY 2 7 2009		
Conditions of Approval (idany):		DATE