

Submit 3 Copies To Appropriate District
 Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

RECEIVED

OCT 09 2009

MOBBSUCD

CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.	30-025-02871
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. B-2131	
7. Lease Name or Unit Agreement Name Vacuum Abo Unit Btry 4 Tract 6	
8. Well number 74	
9. OGRID Number 217817	
10. Pool name or Wildcat Vacuum Abo Reef	

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.)

1. Type of Well: Oil Well Gas Well Other SWD

2. Name of Operator
 ConocoPhillips Company ATTN: Donna Williams

3. Address of Operator
 550 W. Texas Ste. 1300 Midland, TX 79701

4. Well Location
 Unit Letter N: 760 feet from the South line and 1980 feet from the West line
 Section 26 Township 17-S Range 35-E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application or Closure
 Pit type STEEL Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water N/A
 Pit Liner Thickness: STEEL mil Below-Grade Tank: Volume _____ bbls; Construction Material STEEL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

- 1) 7/20/2009 RIH tag CIBP @ 8585' Circ hole w/mud Spot 25sks cmt @ 8585'-8338'
- 2) 7/20/2009 Spot 25sxs cmt @ 6330'-6083'
- 3) 7/20/2009 Spot 25sxs cmt @ 4550'-4203'
- 4) 7/20/2009 Spot 25sxs cmt @ 3392' WOC Tag plug @ 3090'
- 5) 7/21/2009 Perf 4 holes @ 1701' set pkr @ 1260' Sqz 40sks cmt @ 1701' WOC Tag plug @ 1580'
- 6) 7/21/2009 Perf 4 holes @ 362' No injection rate. Perf @ 340' Sqz 240sxs cmt from 340' so surface out of 8 5/8" & 13 3/8" casing leave 5 1/2" full of cmt
- 7) 3/27/2009 Install Dry Hole Marker

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Form, www.emnrd.state.nm.us/ocd.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE [Signature] TITLE Area Manager DATE 7/28/2009

Type or print name Larry Winn

For State Use Only APPROVED BY: [Signature] TITLE Compliance Officer DATE 10/09/2009

Conditions of Approval (if any):