Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240		30-025-02909
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1301 W. Grand Ave., Artesia, NM 88210 1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 P. Danna P.J. Antag NM 9744AN 2 11 711111 1220 South St. 1 Tallels D1.		STATE X FEE
		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, MOBBSOCD 87505		A-1320
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 2801
1. Type of Well: Oil Well X Gas Well Other		8. Well Number 008
2 Name of Operator		9. OGRID Number
ConocoPhillips Company		217817
3. Address of Operator 3300 N. "A" St., Bldg. 6 Midland, TX 79705		10. Pool name or Wildcat Vacuum; Grayburg-San Andres
4. Well Location		
Unit Letter M: 660	feet from the SOUTH line and 6	feet from the WEST line
Section 28	Township 17S Range 35E	NMPM CountyLEA
	Elevation (Show whether DR, RKB, RT, GR, et 160' GR	c.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
	LTIPLE COMPL	NT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER: Reactiv	vation X
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recomple	etion.	
Previously TA'd, ConocoPhillips react	ivated East Vacuum GB-SA Unit #2801-008 or	1 3/20/2009.
Ran new 2.875" tubing at 4620'. Put well back on production - 4 BOPD, 80 MCF, 190 water.		
Smud Datas	Rig Release Date:	
Spud Date:	Kig Kelease Date.	
I hereby certify that the information above	is true and complete to the best of my knowled	dge and belief.
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SIGNATURE Jalyer. 7		
/ \ 1	TITLE Regulatory Specialist	DATE_01/18/2010
Time or print name John N. Field		
Type or print name Jalyn N Fiske For State Use Only		DATE 01/18/2010 conocophillips.com PHONE: (432)688-6813
Type or print name Jalyn N Fiske For State Use Only	E-mail address: Jalyn.Fiske@c	conocophillips.com PHONE: (432)688-6813
		conocophillips.com PHONE: (432)688-6813