

Submit 3 Copies To Appropriate District
Office
District I
1625 N French Dr., Hobbs, NM 87240
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
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
JAN 21 2010
HOBBSUCD

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.)		WELL API NO. 30-25-21353 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
2. Name of Operator CONOCO PHILLIPS COMPANY ATIN; DONNA WILLIAMS		6. State Oil & Gas Lease No. B 8667-2
3. Address of Operator 3300 N. "A" ST., BLDG. 6 #247, MIDLAND, TX 79705-5406		7. Lease Name or Unit Agreement Name: VACUUM GLORIETA EAST UNIT TRACT 45
4. Well Location Unit Letter <u>G</u> : <u>2310</u> feet from the <u>NORTH</u> line and <u>2310</u> feet from the <u>EAST</u> line Section <u>30</u> Township <u>17-S</u> Range <u>35 - E</u> NMPM County <u>LEA, NM</u>		8. Well Number <u>1</u> /
11. Elevation (Show whether DR, RKB, RT, GR, etc.) DF 3,997'		9. OGRID Number
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume: _____ bbls; Construction Material _____		10. Pool name or Wildcat VACUUM GLORIETA ✓

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

12-30-09 Notified O.C.D. to move in. 1-7-10 Tbg. @5,985'. Circulate hole w/10# M.L.F. Tbg. @5,985'. Spot 25 sx. cmt. on top of C.I.B.P. Calculate T.O.C. @5,623'. Tbg. @4,685'. Spot 25 sx. cmt. Calc. T.O.C. @4,323'. Tbg. @3,796'. Spot 25 sx. cmt. Calculate T.O.C. @3,435'. Tbg. @3,116'. Spot 25 sx. cmt. Calculate T.O.C. @2,754'. Tag @2,733'.

1-11-10 Perf. @1,650'. Set Pkr. @1,169'. Sqz. 40 sx. cmt. w/2% CaCl. Calculate T.O.C. @1,496'. Tag @1,476'. Tag @1,476'. Perf. @60'. N.U. Wellhead & pump 35 sc. cmt. from 60' to surface. N.D.W.H. Leave 4 1/2" csg. Pull of cmt. R.D.M.O.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)

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 OGD approved plan ☐

SIGNATURE Gerry Hallman TITLE P & A SUPERV. DATE 1-18-10
Type or print name GERRY HALLMAN E-mail address: _____ Telephone No. (432) 530-0907

For State Use Only

APPROVED BY Larry D. Hill TITLE DISTRICT 1 SUPERVISOR DATE JAN 22 2010
Conditions of Approval, if any: _____