Submit 1 Copy To Appropriate District	State of New Mexico		\mathbf{F}_{0}	orm C-103
Office District I 1625 N. French Dr , Hobbs, NM 88240	ggrsy, Minerals and Natural I	Resources		tober 13, 2009
1625 N. French Dr, Hobbs, NM 88240 District II		•	WELL API NO. / 30-025-27329	
1301 W. Grand Ave, Artesia, NM 88270 Z 4 LU	QIL CONSERVATION DI	VISION	5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NMATOBBSOC District IV	1220 South St. Francis	Dr.	STATE S FEE	
DISTRICTY	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St Francis Dr., Santa Fe, NM 87505			B-936-18	
	ND REPORTS ON WELLS		7. Lease Name or Unit Agreen	nent Name
(DO NOT USE THIS FORM FOR PROPOSALS TO				
DIFFERENT RESERVOIR. USE "APPLICATION I PROPOSALS.)		CH	East Vacuum GB/SA Unit Tra	ct 1903
1. Type of Well: Oil Well Gas We	ell X Other Injection '		8. Well Number 004	/
2. Name of Operator			9. OGRID Number 217817	,
ConocoPhillips Company /			10. Pool name or Wildcat	/
3. Address of Operator P.O. Box 51810 Midland, Tx 79710			Vacuum GB/SA	
4. Well Location			vacuum GB/S/1	
Unit Letter M 1300	feet from the South	line and	200 Feet from the West	t line
Section 19		iiie aiid 35E	NMPM County Le	/
3001.011	Township 17S Range levation (Show whether DR, RK)			<i>-u</i> /
2981.	•	o, 1(1, O1(, eic.)		
733 CHIA				<u> </u>
12. Check Approp	riate Box to Indicate Natur	e of Notice.	Report or Other Data	
11 1		•	•	
NOTICE OF INTENT	*		SEQUENT REPORT OF	
		MEDIAL WOR		JASING []
		SING/CEMENT	LLING OPNS. P AND A	Ц
DOWNHOLE COMMINGLE	THE COMPL D	SING/CLIVILINI		
OTHER:			nout & Return to Inj.	
13. Describe proposed or completed op				
of starting any proposed work). SE proposed completion or recompletion		or Multiple Con	apletions: Attach wellbore diagr	am of
proposed completion of recompletion	JII.			
Workover: 4/5/-20/2010: MIRU. Unseat pl	kr. TOH w/tubing. TIH w/casing	scraper and cle	eaned out fill. TIH w/pkr and RB	P and tested
casing up hole. All tests good. LD pkr and	BP. Cleaned out well to 4636.	RIH w/injection	ı pkr and tubing. Set pkr @ 4420	'. Ran MIT.
Good test. Chart attached		_	-	=
			f'Aloeve Pers) Hearing presen	
liso Sa	Hing is looking	2 (154	+ Above DeRFS)	
11/2/1/	here fre or	AMEND	hearing profes	25
I fled to Ca	sacr 1	•	/ '	
Spud Date:	Rig Release Date:			
I hereby certify that the information above is	true and complete to the best of	my knowledge	and belief.	
SIGNATURE /	TITLE Sr. Reg	latory Spe	ecialist _{DATE} 5/21,	/2010
		nna.J.Will	i-m=0	2-688 - 6943
Type or print name Donna Williams	E-mail address:	nocophilli	PHONE: 432	
For State Use Only	/ / /			
APPROVED BY:		874F1.	DATE 0-Z	·/O
Conditions of Approval (if any):	NEION OF ADDDOVAL	· · · · · · · · · · · · · · · · · · ·	7	
CONL	NEION OF APPROVAL	(14 11 10 \		
	NSION TO INJECT TILL	(11-11-10)		
	HOBBS DISTRICT			

