

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

RECEIVED
MAY 03 2010
HOBBS

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-37851

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Vacuum Glorieta East Unit

8. Well Number 021

9. OGRID Number 217817

10. Pool name or Wildcat

Vacuum; Glorieta

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 ☒ Injection ☒ Injection

2. Name of Operator

ConocoPhillips Company

3. Address of Operator

P.O. Box 51810 Midland, Tx 79710

4. Well Location

Unit Letter A : 1200 feet from the North line and 525 feet from the East line
Section 32 Township 17S Range 35E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3954' GR

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 COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Conversion ☒

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 recompletion.

Conversion: 4/15-20/2010: MIRU. Unseat pump and LD all rods. RIH w/casing scraper to 6090'. POH w/bit, scraper, and tbq. TIH w/5 1/2" RBP and pkr. Set pkr at 5970'. Circulate hole. Tested casing. Good test. Ran MIT. Chart attached. RDMO.

Injection authorized under Administrative Order WFX-856 dated 12/7/2009.

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. Regulatory Specialist

DATE

4/28/2010

Type or print name

Donna Williams

E-mail address:

Donna.J.Williams@

PHONE:

432-688-6943

For State Use Only

APPROVED BY:

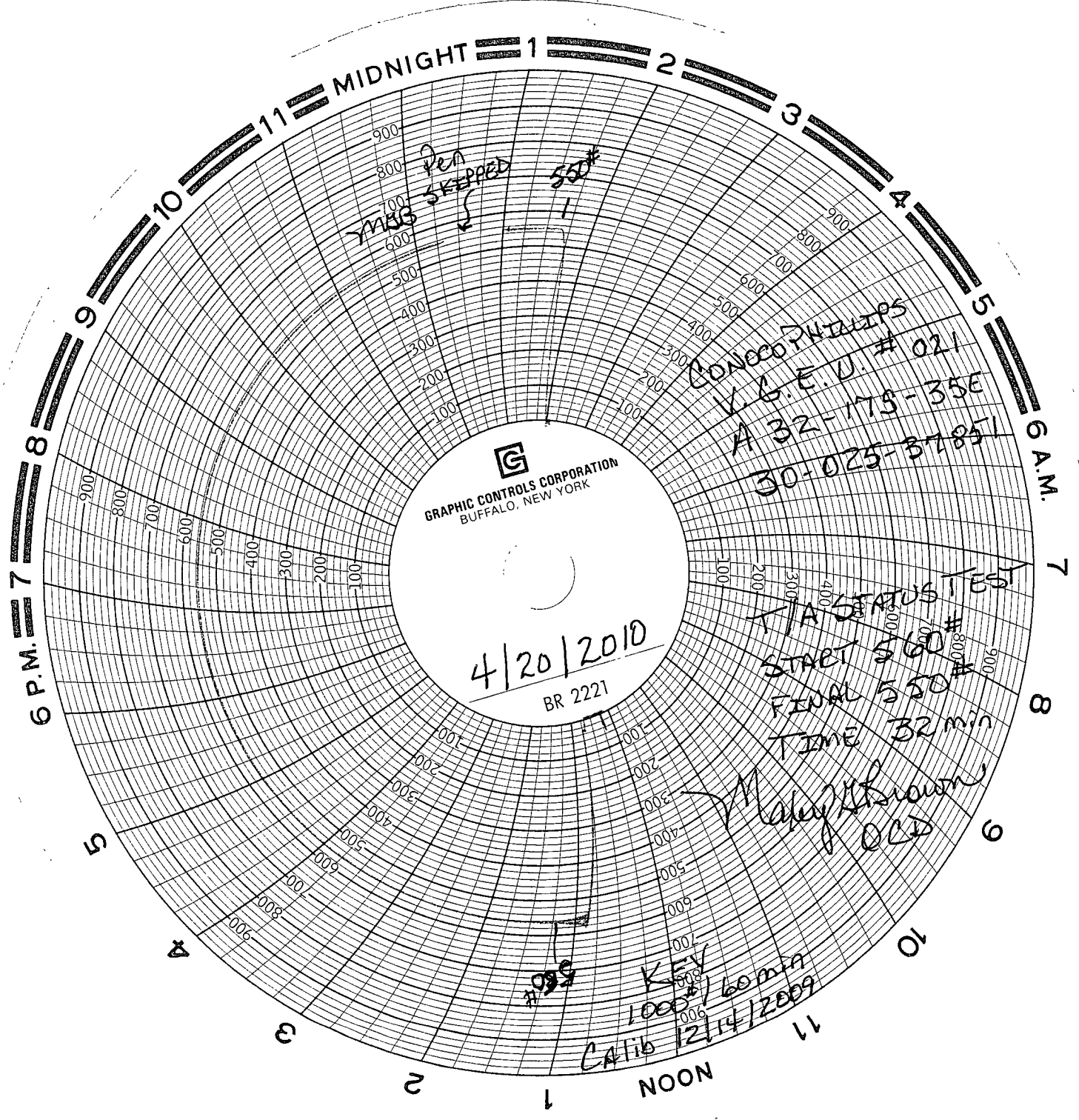
TITLE

State Rep

DATE

6-1-10

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

4/20/2010
BR 2221

Pen SKIPPED
550#

CONOCO PHILIPS
V.E.U. # 021
A 32-175-35E
30-025-51851

T/A STATUS TEST
START 560#
FINAL 550#
TIME 32 min

Marty Brown
OGD

KEY
1000# 60 min
CAT 10 12/14/2009

NOON