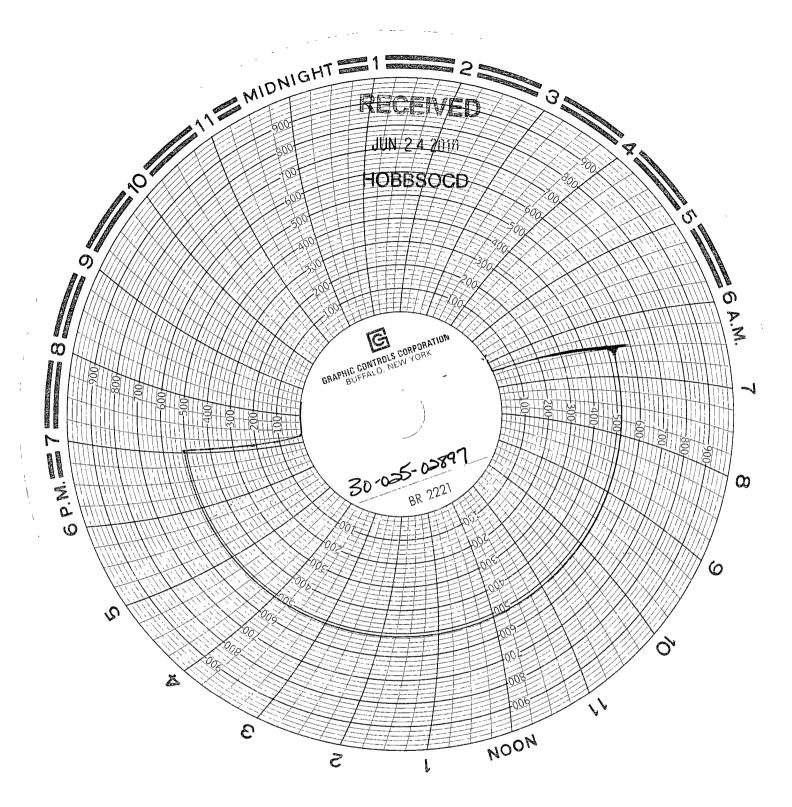
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
	CEMEONSERVATION DIVISION	30-025-02897
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE K FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	JN 2 4 2010 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St. Francis Dr , Santa Fe, NM		B-2840
SUNDRY NO	PRESANCIEPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	East Vacuum GB/SA Unit Tract 2739
1. Type of Well: Oil Well	Gas Well X Other Injection	8. Well Number # 003
2. Name of Operator ConocoPhillips Company		9. OGRID Number 217817
3. Address of Operator		10. Pool name or Wildcat
P.O. Box 51810 Midland, Tx 797	⁷ 10	Vacuum; GB/SA
4. Well Location		
Unit Letter J: 1980 feet from the South line and 1980 feet from the East line		
Section 27 Township 17S Range 35E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
2.36	3927' GR	
12. Check	Appropriate Box to Indicate Nature of Noti	ce, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON [PULL OR ALTER CASING [DRILLING OPNS. P AND A
DOWNHOLE COMMINGLE	-	ILINI JOB
_		
OTHER:	OTHER: Rep	pair downhote
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.		
	RU. Unset pkr and trip out of hole with pkr and tubin the casing up the well. Identified the area around the	
	er at 1917 and squeezed these intervals w/300 sxs pre	
well clean. Tested casing and dete	ermined that area at 2001-2002 had leak. Did addition	nal squeeze of 25 sxs 'C' w/2% CaCls. WOC.
Drilled out cement. Testing casing. Good test. Cleaned out well (fill). RIH w/2 7/8" tubing and G-6 pkr and set at 4091. Ran MIT.		
Pressure held. Chart attached. OCD representative was notified of the results. Acidized w/2000 gls 15% HCL. RDMO		
6 15		
Spud Date:	Rig Release Date:	
I hereby certify that the informatio	n above is true and complete to the best of my knowl	edge and belief.
SIGNATURE V	TITLE Sr. Regulatory	Specialist DATE 6/24/2010
Type or print name Donna Wil	Donna T Wil	liamed
For State Use Only		
APPROVED BY:	U, Hill Title	DATE
Conditions of Approval (if any):		⊃h.
		₹ `



MACMEW 11.4 MS
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REVERS
CONOCU Ph. 11. ps
CONOCU Ph. 11. CAL 3-26-10 60 MIN. TIMER