Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103	
	Energy, Minerals and Natural Resources	October 13, 2009	
1625 N. French Dr , Hobbs, NN	NED OIL CONSERVATION DIVISION	WELL API NO.	
District II	IVED OU CONSEDUATION DIVISION	30-025-20715	
1301 W Grand Ave., Artesia, NM 88210	2010 1220 South St. Francis Dr.	5. Indicate Type of Lease	
District III 1000 Rto Brazos Rd., Aztec, NM SHIG 23	STATE FEE 6. State Oil & Gas Lease No. A-1320		
District IV			
1220 S St. Francis Dr , Santa FHOBBS			
87505			
SUNDRY NOTICI	7. Lease Name or Unit Agreement Name Vacuum Glorieta East Unit Tr. 1		
(DO NOT USE THIS FORM FOR PROPOSA			
PROPOSALS )	TION FOR PERMIT" (FORM C-101) FOR SUCH		
	8. Well Number #3		
	as Well 🗌 Other 🗸	0.0CDID.N	
2. Name of Operator		9. OGRID Number 217817	
ConocoPhillips Company			
3. Address of Operator		10. Pool name or Wildcat	
P.O. Box 51810 Midland, Tx 79710		Vacuum Glorieta	
4. Well Location			
Unit Letter J : 2	310 feet from the South line and	1980 feet from the East line	
Section 28	Township 17S Range 35E	NMPM Lea County	
Section	Township Kange		
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	/	

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 CHANGE PLANS MULTIPLE COMPL			ALTERING CASING  P AND A
OTHER:			OTHER:	X
13. Describe proposed or compl	eted operations (Clearly	state all r	ertinent details and give pertinent date	s including estimated date

 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.

The above well was reactivated on July 24, 2010. The initial test is 1 bbls oil, 214 bbls water, and 7 mcf gas.

Spud Date:	Rig Release Date:		
I hereby certify that the information above is true and co	omplete to the best of my knowledge and belief.		
SIGNATURE Lun	TITLE Sr. Regulatory	_DATE	8/19/2010
Type or print name Donna Williams Por State Use Only Por Portuge Por	Donna.J.Williams@ E-mail address: <u>Conocophillips.com</u>	PHONE:	432-688-6943
APPROVED BY: Conditions of Approval (if any):	TITLE STAFF MAR	_date_ <u>&amp;</u> ~ <b>*</b> ~	8-24-10