

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
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
October 13, 2009

WELL API NO. 30-025-26865
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B 1838-1
7. Lease Name or Unit Agreement Name EVGAU 3236
8. Well Number 008
9. OGRID Number 217817
10. Pool name or Wildcat Vacuum; Grayburg-San Andres

RECEIVED
MAY 23 2011
HOBBS, NM

OIL CONSERVATION DIVISION
South St. Francis Dr.
Santa Fe, NM 87505

SUNDY 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 CO2 Injection

2. Name of Operator
ConocoPhillips Company

3. Address of Operator 3300 N "A" St, Bldg 6
Midland, TX 79705

4. Well Location
Unit Letter E : 2590 feet from the North line and 50 feet from the West line
Section 32 Township 17S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3980'

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 ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Repair Downhole Failure
Acidize perms 4582'-4362'
Prepare well for MIT

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

Brian D. Maiorino

TITLE Regulatory Specialist

DATE 05/19/2011

Type or print name Brian D Maiorino

E-mail address: brian.d.maiorino@conocophillips.com PHONE: (432)688-6913

For State Use Only

APPROVED BY

State MGR

TITLE

STATE MGR

DATE

5-23-2011

Conditions of Approval (if any):