Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised June 10, 2003			
District J 1625 N. French Dr., Hobbs, NM 88240	Energy, whiterais and Natural Resources		WELL API NO. 30-025-26394			
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Lease STATE X			
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. B-1502			
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			7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract 0524			
1. Type of Well:			8. Well Number 001			
Oil Well Gas Well Other Water Injection						
2. Name of Operator ConocoPhillips Company			9. OGRID Number 217817			
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762			10. Pool name or Wildcat Vacuum Grayburg/San Andres			
4. Well Location			•			
Unit Letter C ::	10feet from the North	line and	1443feet fr	om the West	_line	
Section 5		Range 35-E	NMPM	County Lea		
	11. Elevation (Show whether DF 3963.7' GL & 3974.2' RKB	R, RKB, RT, GR, et	tc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
		SUB REMEDIAL WOR	SEQUENT REF	ORT OF: ALTERING CASING		
		KEWIEDIAL WOR		ALTERING CASING	J	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN CEMENT JOB		ADAINDOINIVILINI		
OTHER:		OTHER: Replace	d Packer & Ran Inte	grity Test.	X	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.						

1/21/2004: Replace old packer. Packer 4322' from surface. Ran integrity test. NOTE: Chart is

attached.

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I hereby certify that the information above is true and compl	ete to the best of my knowledge and belief.		
SIGNATURE Starry A Linder	TITLE HSER Assistant (432) 368-1506	DATE_03/02/2004	
Type or print name Stacey Linder	E-mail address:	Telephone No.	
(This space for State use)	ENTE WETAEE MANAGER		
ADDDROVED DV 91	OC FIELD REPRESENTATIVE II/STATE II		
(This space for State use) APPPROVED BY Your W. Wink. Conditions of approval, if any		MARTE 8 2004	
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