Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minera	ils and Nat	tural Resources	WELL AF	Revised June 10, 2003
District II	OIL CONSERVATION DIVISION			30-025-02850	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87410 Santa Fe, NM 87505			STATE X FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM				B - 2956	ii & Gas Dease 110.
87505 SUNDRY NOTIO	CES AND REPORTS	ON WELL	S	I	Name or Unit Agreement Name
(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 #2175	
PROPOSALS.) 1. Type of Well:			I	8. Well N	
Oil Well X Gas Well Other				003	
2. Name of Operator				9. OGRID Number 217817	
ConocoPhillips Company Address of Operator, 4001 Perspecies Street					
3. Address of Operator 4001 Penbrook Street				10. Pool name or Wildcat Vacuum Grayburg/San Andres	
4. Well Location 4001 Pen	brook Street - Odessa,	TX 79762			
Unit Letter K	1650 feet from the	he South	line and	1980	feet from the West line
Section 21	Township ¹	17-S F	Range 35-E	NMPM	County Lea
Section 21	11. Elevation (Show	whether D			County Dea
	3959'				
	Appropriate Box to	Indicate 1			
NOTICE OF INT		w []	 	-	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO)N 🗀	REMEDIAL WOI	KK.	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR		S. D PLUG AND D ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	
OTHER:			OTHER:		
	rk). SEE RULE 1103.	. For Multi	ple Completions: A	Attach wellbor	ent dates, including estimated date re diagram of proposed completion
,				on the loade.	
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			4		Sam Silver
					No.
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					223.24.26.25
I hereby certify that the information a	above is true and comp	olete to the l	best of my knowled	lge and belief.	
SIGNATURE Street	Linder	TITLE I	HSER Assistant		DATE 03/15/2004
Type or print name Stacey D. Linder		E-mail a			Telephone No. (432) 368-12
(This space for State use)	, , , ,				MAD 2 a
APPPROVED BY Hay U	J. Wink	CHAIRID (REPRESENTATIVÉ	II/STAFF MA	NAGER DATE 3 2004
Johnson approval, It ally:					