Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103 Revised June 10, 2003		
<u>District I</u> Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240				WELL AP	WELL API NO. 30-025-20711		
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate	5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505				STA	STATE X FEE		
1220 S. St. Francis Dr., Santa Fe, NM				1	6. State Oil & Gas Lease No. A - 1320		
87505 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 PROPOSALS.)				Tract #02			
1. Type of Well: Oil Well X Gas Well Other				8. Well N	8. Well Number 7		
2. Name of Operator ConocoPhillips Company				9. OGRID	9. OGRID Number 217817		
3. Address of Operator 4001 Penbrook Street					10. Pool name or Wildcat Vacuum Glorieta		
4. Well Location 4001 Penl	brook Street - Odessa,	TX 79762					
Unit Letter_O :_	feet from th	ne South	line and	2308	feet from the East	line	
Section 32	Township 1	17-S R	ange 35-E	NMPM	County Lea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3970' RKB					County 200		
12. Check A	appropriate Box to		Jature of Notice	Report or 0	Other Data		
NOTICE OF INT		maiouto 1	1	•	REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N 🗆	REMEDIAL WO	RK	X ALTERING CASIN	iG □	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DE	RILLING OPNS	. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	AND			
OTHER:			OTHER:				
 Describe proposed or complete of starting any proposed work or recompletion. Location P&A'd, utilizing calic 	rk). SEE RULE 1103.	For Multip	ole Completions:	Attach wellbor	ent dates, including estima e diagram of proposed co	ated date mpletion	
notation I carra, attimining cance	no from focation for fo	ad and our	i location repairs	on the lease.			
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					- C. T.	100	
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						50) 50	
I hereby certify that the information a	bove is true and comp	lete to the b	est of my knowled	ige and belief.	<u> </u>		
SIGNATURE States N.	Linder .	_TITLE_F	ISER Assistant		DATE_ 03/15/20	004	
Type or print name Stacey D. Linder	•	E-mail a	ddress:		Telephone No. Cy32	1368-1504	
(This space for State use)			DEPRES	ENTATIVE II	DIVI.		
APPPROVED BY Law U Conditions of approval, if any	. Wink	_TITLE_C	X FIELD RET		DATE MAR 2	3 2034	