Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 Revised June 10, 2003	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API	I NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			<u> </u>	30-025-27426
District III	1220 South St. Francis Dr.				Type of Lease \overline{X} FEE \square
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				B - 1040 - 7	
	CES AND REPORTS	ON WELL	S	7. Lease N	ame 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 PROPOSALS.)				7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract 2206	
1. Type of Well: Oil Well ☐ Gas Well ☐ Other				8. Well Number	
2. Name of Operator ConocoPhillips Company				9. OGRID Number 217817	
3. Address of Operator 4001 Penbrook Street				10. Pool name or Wildcat	
4001 Panhrook Street Odessa TV 70762				Vacuum GB/SA	
4. Well Location	orden orden odessu,	171 ///02	•		
Unit Letter_K :_	1980 feet from the	ne South	line and	1980	feet from the West line
Section 22	Township 1		Range 35-E	NMPM	County Lea
	11. Elevation (Show		R, RKB, RT, GR, et	tc.)	
12 Charle	3939.2'		Vatura of Nation	Donort on (Othor Data
NOTICE OF IN	Appropriate Box to	indicate r		_	Other Data REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	ON 🗆	REMEDIAL WOR		ALTERING CASING □
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AT CEMENT JOB	ND	
OTHER:			OTHER:		
 Describe proposed or comp of starting any proposed we or recompletion. 	leted operations. (Clea ork). SEE RULE 1103.	rly state all For Multi	pertinent details, as ple Completions: A	nd give pertine attach wellbore	ent dates, including estimated date diagram of proposed completion
Location P&A'd, utilizing calid	che from location for re	oad and oth	er location repairs o	on the lease.	1
			or rounding repuirs (on the rease.	
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					Sulvanta 2
					OZY.
					155 Million
					- Control of
I hereby certify that the information	above is true and comp	lete to the l	best of my knowled	ge and belief.	
SIGNATURE Starry 1.	Linder	TITLE_	HSER Assistant		DATE 03/15/2004
Type or print name Stacey D. Linder	:	E-mail a			Telephone No. (43) 368-
(This space for State use) APPPROVED BY). Winh	TITLE	FIELD REPRESEN	ITATIVE II/ST	AFF MANAGER
Conditions of approval, if any		********			DATE - CO. VIME