Submit 3 Copies To Appropriate District Office DistrictI 1625 N. French Dr., Hobbs, NM 87240	State of Ne Energy, Minerals and			WELLADI	NO	Form C-1 Revised March 25, 19		
District II	OIL CONSERVATION DIVISION 2040 South Pacheco		NDIVISION	WELL API NO. 30-025-32368				
811 South First, Artesia, NM 87210 District III			5. Indicate Type of Lease					
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE 🕱 FEE 🗌				
District IV 2040 South Pacheco, Santa Fe, NM 87505				6. State Oil B-1861	l & Gas I	Lease No.		
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.)						Jnit Agreement Name:		
1. Type of Well:					VACUUM GLORIETA EAST UNIT (#31257)			
Oil Well 🕱 Gas Well 🗌	Other			TRACT 38				
2. Name of Operator				8. Well No.				
CONOCOPHILLIPS COMPANY (OGRID #217817)					03			
3. Address of Operator					9. Pool name or Wildcat			
4001 PENBROOK STREET, ODESSA, TEXAS 79762					VACUUM GLORIFIA			
4. Well Location								
Unit Letter <u>N</u> : 1:	130 feet from the	SOU	TH line and	1405 f	feet from	the WEST lin	ie	
Section 29	Township 17-	-s	Range 35-E	NMPM		County LEA		
	10. Elevation (Show wh	ether 397	DR, RKB, RT, GR, etc '3' GEL					
11. Check Ap	propriate Box to Ind	icate	Nature of Notice,	Report, or	Other I	Data		
					SEQUENT REPORT OF:			
	PLUG AND ABANDON		REMEDIAL WORK			ALTERING CASING		
	CHANGE PLANS		COMMENCE DRILLI	NG OPNS.				
	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB			ABANDONMENT		
OTHER:			OTHER:					

12. 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 recompilation.

Procedure to Temporarily Abandon well:

-Pull out of hole with tubing -Run in hole with CIEP and set @ +/- 5990' (top perf @ 6086') -Spot 35' cement on CIBP -Pressure test casing and CIBP to 500 psi



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Illustica Wale	TITLE REGULATORY ANALYST	DATE_	03/07/03
Type or print name CELESTE G. DALE		Telephone No.	915-368-1667
(This space for State use)	GARY W. WINK GARY W. WINK OG FFLD REFRESSIONATION FISTAFF MANAGER		
APPROVED BY	OC FED RERESTINGTER STAFF MANAGER		7 2003

Conditions of approval, if any: