Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-27652 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE X Santa Fe, NM 87505 FEE District IV 2040 South Pacheco, Santa Fe, NM 87505 6. State Oil & Gas Lease No. B-2148 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease 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 PROPOSALS.) Leamex 1. Type of Well: Oil Well X Gas Well Other 2. Name of Operator 8. Well No. Phillips Petroleum Company 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street Odessa, TX 79762 Maljamar GB/SA 4. Well Location Unit Letter 1980 _feet from the 660 line and feet from the_ East line Section Township 17S Range 33E **NMPM** County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4133' RKB, 4122' G.L. 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: Reactivate [x]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. 2/2001 - Well reactivated from shut-in status. Produced 2.60 bopd, 1.0 mcfpd & 1.0 bwpd.

I hereby certify that the information above is true and complete to the	best of my knowledge and	belief.	
	/ I		
SIGNATURE My (& CON fil L-11/2) and	TITLE Supervisor,	Reg./Proration DATE	7-06-01
Type or print name L. M. Sanders		Telephone No.	(915) 368-1488
(This space for State use)	· · · · · · · · · · · · · · · · · · ·		
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APPROVED BYConditions of approval, if any:	TITLE	DATE_	