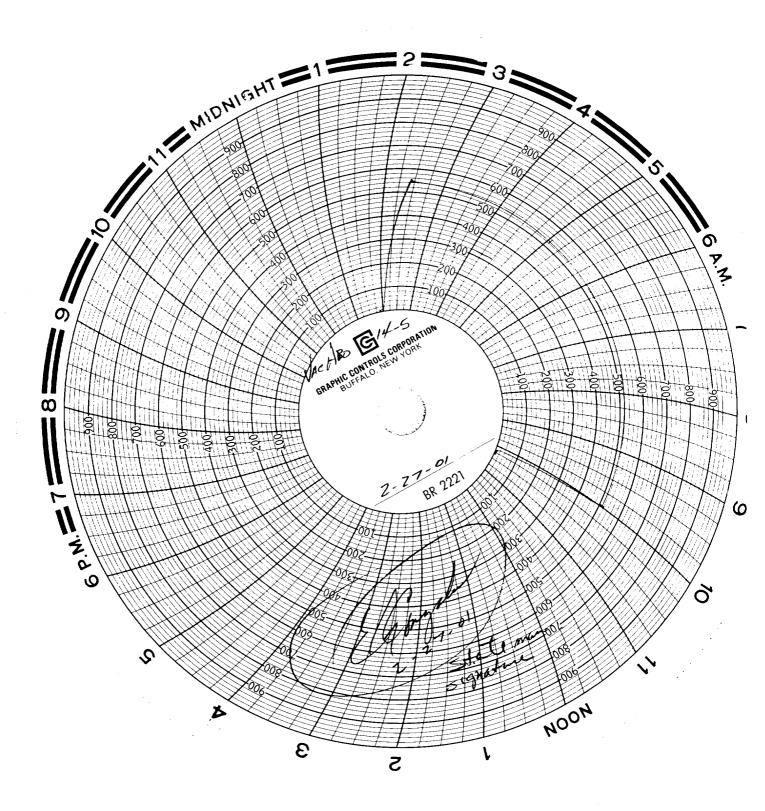
Offine District I  1625 N. French Dr., Hobbs, NM 87240 District II  OIL CONSERVATION DIVISION	Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240	
District II OII CONSERVATION DIVISION	30-025-31903
	5. Indicate Type of Lease
811 South First, Artesia, NM 87210 District III  2040 South Pacheco	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE X FEE
District IV 2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No. E-6504
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	VACUUM ABO UNIT
1. Type of Well: Oil Well X Gas Well Other	TRACT 14
2. Name of Operator	8. Well No.
Phillips Petroleum Company	05
3. Address of Operator	9. Pool name or Wildcat
4001 Penbrook Street Odessa, TX 79762	VACUUM ABO REEF
4. Well Location	
Unit Letter L : 1475 feet from the SOUTH line and	430 feet from the WEST line
Section 5 Township 18-S Range 35-E	
10. Elevation (Show whether DR, RKB, RT, G	R, etc.)
3965' GR, 3977' DF	
11. Check Appropriate Box to Indicate Nature of Not	ace, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK 🔲 PLUG AND ABANDON 🔲 REMEDIAL WO	RK
TEMPORARILY ABANDON	RILLING OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING	<del></del>
OTHER: CON C	SG INTEGRITY TST - REQUEST TA STATUS
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, a of starting any proposed work). SEE RULE 1103. For Multiple Completions: A or recompilation.	nd give pertinent dates, including estimated date ttach wellbore diagram of proposed completion
06/11/94 CIBP WAS SET @ 8240'.	
02/27/01 RAN CASING INTEGRITY TEST (CHART ATTACHED) START 540 F TEST WITNESSED BY E. GONZALES OF OCD.	FINISH 510 (PASSED)
REQUEST 5 YEAR T.A. STATUS FOR WELL.  This App	roval of Temporary $3/23/06$
Abandona	ent Expires $\frac{\sqrt{25/00}}{\sqrt{25/00}}$
hereby certify that the information above is true and complete to the best of my knowledge and	belief.
SIGNATURE S.M. Sander TITLE SUPERVISOR	REGL/PROR. DATE 03/19/01
BIGHATORE—6-7-17-17-1	Telephone No. 915-368-1488
Type or print name I. M. SANDERS	3601
	mile 9 3 Will
Type or print name L. M. SANDERS  (This space for State use)  APPROVED BY	DATE 23 ZUUI



(3.5) (3.5)