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 30-025-01516 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 Santa Fe, NM 87505 STATE X FEE District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 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 007 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street Odessa, TX 79762 LEAMEX PENN 4. Well Location 1976 Unit Letter WEST 1980 feet from the line and feet from the line 23 Section Township 17S Range 33E **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4137' GL 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 **CHANGE PLANS** TEMPORARILY ABANDON COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT PULL OR ALTER CASING** MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: DETERMINE CEMENT INTEGRITY 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. 01/22/01 MIRU POOL #682 01/23/01 NU BOP UNLD WS GIH W/5-1/2" CSG SCRPR T/4800' COOH LD TBG. 01/24/01 RU HES LOG GIH RUN CMT BOND LOG ON CSG F/4755-3700' COOH W/LOG TL GIH SET CIBP @ 4675' COOH W/LN RD HES ND BOP NU WH RD POOL DROP F/REPORT - JOB COMPLETE. I hereby certify that the information above is true and complete to the best of my knowledge and belief. PRORATION SPECIALIST SIGNATURE 01/30/01 DATE. Type or print name LARRY M. SANDERS Telephone No. 915/368-1488 (This space for State use) APPROVED BY TITLE

Conditions of approval, if any: