Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-26423

5. Indicate Type of Lease STATE [x] FEE [ ]

6. State Oil & Gas Lease No. B-2148

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.)

7. Lease Name or Unit Agreement Name: LEAMEX

1. Type of Well: Oil Well [x] Gas Well [ ] Other

2. Name of Operator: Phillips Petroleum Company

8. Well No. 23

3. Address of Operator: 4001 Penbrook Street Odessa, TX 79762

9. Pool name or Wildcat: MALJAMAR GB/SA

4. Well Location

Unit Letter F : 1980 feet from the NORTH line and 1980 feet from the WEST line

Section 24 Township 17-S Range 33-E NMPM LEA County

10. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 4125.5' GR

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 COMPLETION	[ ]	CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: RUN CSG INTEGRITY TST - REQUEST TA STATUS	[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.

08/03/94 CIBP WAS SET @ 4350'.

03/07/01 RAN CASING INTEGRITY TEST (CHART ATTACHED) START 540 FINISH 500 (PASSED)
TEST WITNESSED BY ROBINSON OF OCD.

REQUEST 5 YEAR T.A. STATUS FOR WELL.

Date Approval of Temporary Abandonment Expires 3/23/06

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

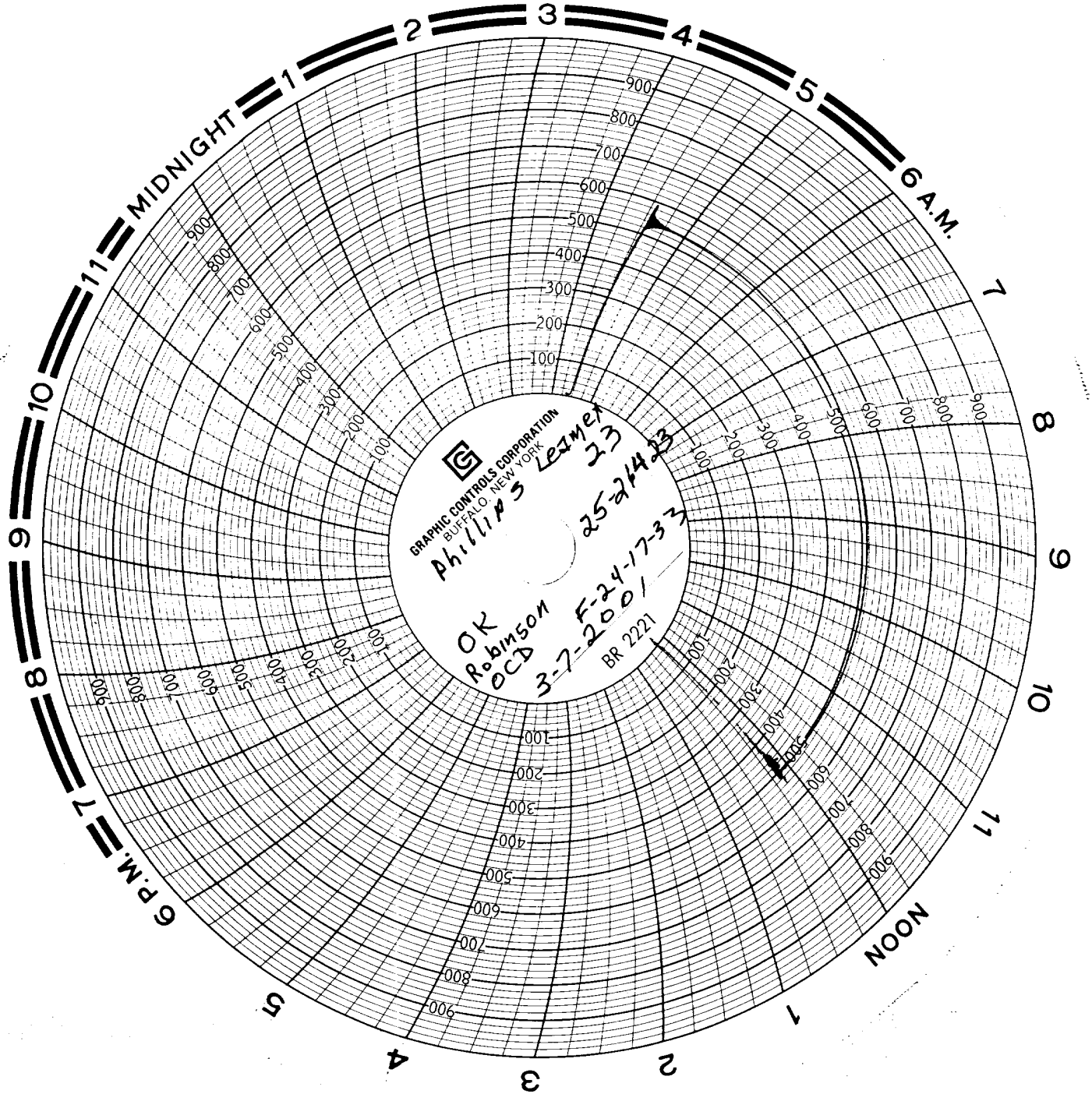
SIGNATURE L. M. Sanders TITLE SUPERVISOR REGL/PROR. DATE 03/19/01

Type or print name L. M. SANDERS Telephone No. 915-368-1488

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: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