

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

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO. 30-025-08529
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2131

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: EAST VACUUM GB/SA UNIT TRACT 2957
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator Phillips Petroleum Company	8. Well No. 001
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762	4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>29</u> Township <u>17S</u> Range <u>35E</u> NMPM County <u>LEA</u>	9. Pool name or Wildcat VACUUM GRAYBURG/SAN ANDRES
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3974' RKB 3964' GL		

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: REACTIVATE WELL <input type="checkbox"/>	
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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.

02/07/2001 SI 12/93 MIRU DDU COOH W/RODS NU BOP COOH W/TBG RU STAR GIH W/BIT/CLRS CO FILL F/4535-4640' PMP BIOCID E COOH RD STAR GIH W/PKR TSTNG TBG IN HOLE PMP SCALE CONVERTER ON 2/3/01 SET PKR @ 3852' MIRU HES PMP 6000 GAL FURCK 15% HCL ACID DROP 1000# RK SALT & 1000# SALT FINE ISIP 1706 5 MIN 1684 10 MIN 1669 15 MIN 1656 PSI AVG RATE 6.2 BPM AVG PSI 3030 MAX 3586 RD HES FLOW WELL REC 189 BBL COOH W/PKR GIH W/PROD TBG ND BOP NU WH GIH W/PMP/RODS HANG ON RDMO DDU - TEMPORARY DROP F/REPORT.

02/28/2001 PMPG - REC 2/26/01 - 9 BO 102 BW 17 MCF GAS 55% CO2, 2/27/01 - 9 BO 100 BW 16 MCF 54% CO2, 2/28/01 - 10 BO 98 BW 15 MCF GAS 54% CO2, PMPG OFF W/114 PU W/48" STRK @ 15 SPM 2-3/8 TBG SET @ 4616' 2 X 1-1/2 X 16' INSERT PMP SET @ 4617' 5-1/2 X 2-3/8 TBG ANCHR SET @ 4220' TP 70 PSI CP 65 PSI OIL GRAV 39 - COMPLETE DROP F/REPORT

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

SIGNATURE *Larry M. Sanders* TITLE REG. PRORATION SPECIALIST DATE 03/01/01
 Type or print name LARRY 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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