Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Ene. , Minerals and Natural Resources Revised March 25, 1999 District 1 WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-20286 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE x FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-1404-3 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.) VACUUM GLORIETA EAST UNIT 1. Type of Well: TRACT 7 Oil Well 🗶 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 (Messa, TX 79762 VACUUM GLORIETA 4. Well Location 2310 SOUTH Unit Letter 990 EAST feet from the line and line feet from the Section Township 17-S Range **NMPM** County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 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: RUN CSG INTEGRITY TST - REQUEST TA STATUS  $\mathbf{x}$ 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. 09/09/80 CIBP WAS SET @ 6050'. 02/26/01 RAN CASING INTEGRITY TEST (CHART ATTACHED) START 550 FINISH 545 (PASSED) TEST WITNESSED BY E. GONZALES OF OCD. REQUEST 5 YEAR T.A. STATUS FOR WELL. This Approval of Temporal Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE SUPERVISOR REGL/PROR. **SIGNATURE** 03/19/01 Type or print name L. M. SANDERS Telephone No. 915-368-1488

DATE

(This space for State use)

Conditions of approval, if any:

APPROVED BY

