Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Revised March 25, 1999 Energy, Minerals and Natural Resources Office WELL API NO. District I 1625 N. French Dr., Hobbs, NM 87240 30-025-20330 OIL CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III STATE X FEE [Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 B-1400-11 7. Lease Name or Unit Agreement Name: 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 VACUUM GLORIETA EAST UNIT PROPOSALS.) 1. Type of Well: TRACT 6 Gas Well Other Oil Well X 8. Well No. 2. Name of Operator Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator VACUUM GLORIETA 4001 Penbrook Street Odessa, TX 79762 4. Well Location EAST feet from the_ line SOUTH line and 2310 feet from the Unit Letter ___ **NMPM** County Township 17-S Range 35-E Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3938' GR, 3949' RKB 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK **PLUG AND** COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON **ABANDONMENT** CASING TEST AND MULTIPLE **PULL OR ALTER CASING** COMPLETION CEMENT JOB \mathbf{x} OTHER: RUN CSG INTEGRITY TST - REQUEST TA STATUS OTHER: 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. CIBP WAS SET @ 5923'. 05/18/94 RAN CASING INTEGRITY TEST (CHART ATTACHED) START 540 FINISH 530 (PASSED) 02/28/01 TEST WITNESSED BY ROBINSON OF OCD. REQUEST 5 YEAR T.A. STATUS FOR WELL. 3.20-06 Absolution Expires

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE SUPERVISOR REGL/PROR. 03/19/01 DATE_ SIGNATURE. Telephone No. 915-368-1488 Type or print name L. M. SANDERS (This space for State use)

APPROVED BY_ Conditions of approval, if any: CAMINTE BUCKET D. DISTROFFSUFEFFISOR DATE

