

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87501-2088

WELL API NO. 30-025-27340
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2245
7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT TRACT 1953
8. Well No. 002
9. Pool name or Wildcat VACUUM GB/SA

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.)

1. Type of Well:
 OIL WELL GAS WELL OTHER WATER INJECTION

2. Name of Operator
Phillips Petroleum Company

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

4. Well Location
 Unit Letter **G** : **2600** Feet From The **NORTH** Line and **2575** Feet From The **EAST** Line
 Section **19** Township **17 S** Range **35 E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3980' GR

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

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

- MIRU. NU BOP. LAY DOWN INJECTION EQUIPMENT. SET 4-1/2" CIBP AT 4507'. CIRCULATE CSG W/9.5 MUD-LADEN FLUID.
- SPOT PLUG NO. 1 (30 SX CMT) 4507'-4235'. COVERS THE SAN ANDRES AND GRAYBURG.
- SPOT PLUG NO. 2 (25 SX CMT) 3312'-3212'. COVERS THE YATES.
- SPOT PLUG NO. 3 (25 SX CMT) 1800'-1700'. COVERS THE SALT TOP.
- SPOT PLUG NO. 4 (30 SX CMT) 427'-3'.
- CUT OFF CASING 3' BELOW GROUND LEVEL. INSTALL MONUMENT MARKER. PERFORM RECLAMATION WORK.

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, REG. AFFAIRS DATE 3/2/95

TYPE OR PRINT NAME L. M. SANDERS TELEPHONE NO. 915/368-1488

(This space for State Use)
 APPROVED BY Paul Kantz Geologist TITLE _____ DATE MAR 07 1995

CONDITIONS OF APPROVAL, IF ANY:

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