Submit 3 Copies To Appropriate District Office	State of Ne Energy, Minerals and	Form C-103 Revised March 25, 1999							
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	OIL CONSERVA 2040 Sout Santa Fe, 1	5. Indicate ST.	WELL API NO. 30-025-01426 5. Indicate Type of Lease STATE FEE 5. State Oil & Gas Lease No.						
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 SND					7. Lease Name or Unit Agreement Name: STATE BEF TG SWD				
2. Name of Operator Phillips Petroleum Company 3. Address of Operator 4001 Penbrook Street Odessa, TX 79762 4. Well Location					8. Well No. D05 9. Pool name or Wildcat VACUUM GRAYBURG/SAN ANDRES				
Unit Letter A :	660 feet from the	EA	ST line and	990	feet from	the	NORTH lin	ıe	
Section 36 Township 178 Range 33E NMPM 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4105' GR						Count	y LEA	() () () () () () () () () () () () () (
11. Check A NOTICE OF INTE	appropriate Box to Ind ENTION TO: PLUG AND ABANDON		Nature of Notice,	Report, o SEQUEN		ORT (OF: RING CASING		
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPLETION		COMMENCE DRILL CASING TEST AND CEMENT JOB	ING OPNS.		PLUG ABAN	AND DONMENT		
OTHER:			OTHER: c/o, TES	' & REQUES	T T.A. S	LATUS		<u> </u>	
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.									
03/24/03 TST CSG/CIBP T/500 F/30 MIN (CHART ATTACHED) TESTED OK. REQUEST OCD TO APPROVE 5 YEAR TA STATUS									
This Approval of Tompovers //a/a					234567	97011	12131 ₄₁₅		
4	ris Approval of Te pandonment Expires		4/4/08		16.	Region (- Tropico		
I hereby certify that the information above SIGNATURE	is true and complete to the bo	est of r			DA	ATE_	4/8/03	- -	
Type or print name ALVA FRANCO					Telephone	No.	915/368-1665		
(This space for State use)	\								

APPROVED BY Your Conditions of approval, if any:

