Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Revised March 25, 1999 Office District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-24305 District II OIL CONSERVATION DIVISION 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 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-2229 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.) PHILLIPS E STATE 1. Type of Well: Other Oil Well X Gas Well 8. Well No. 2. Name of Operator Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator MALJAMAR GB/SA 4001 Penbrook Street Odessa, TX 79762 4. Well Location 1980 feet from the_ 990 SOUTH line and feet from the_ County **NMPM** Range 33-E Township 17-S 10 Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4155' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON ABANDONMENT CASING TEST AND **MULTIPLE PULL OR ALTER CASING CEMENT JOB** COMPLETION \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. 06/07/96 CIBP WAS SET @ 4300'. 03/08/01 RAN CASING INTEGRITY TEST (CHART ATTACHED) START 540 FINISH 530 (PASSED) TEST WITNESSED BY ROBINSON OF OCD. REQUEST 5 YEAR T.A. STATUS FOR WELL. This Approval of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Conditions of approval, if any:

APPROVED BY_

SIGNATURE_

Type or print name L. M. SANDERS

(This space for State use)

TITLE

Telephone No.

DATE

DATE -

