State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-25334 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-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: Oil Well **x** Gas Well 🔲 Other 8. Well No. 2. Name of Operator Phillips Petroleum Company 027 9. Pool name or Wildcat 3. Address of Operator 4001 Penbrook Street Odessa, TX 79762 MALJAMAR GB/SA 4. Well Location 1980 6680 Unit Letter \_ feet from the NORTH line and feet from the EAST line **NMPM** Section Township 17-S Range LEA 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: REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT** CASING TEST AND PULL OR ALTER CASING **MULTIPLE** COMPLETION **CEMENT JOB** OTHER: X OTHER: RUN CSG INTEGRITY TST - REQUEST TA STATUS 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. 06/05/95 CIBP WAS SET @ 4400'. 03/08/01 RAN CASING INTEGRITY TEST (CHART ATTACHED) START 540 FINISH 520 (PASSED) TEST WITNESSED BY ROBINSON OF OCD. This Approval of Temporary
Abandonment Expires REQUEST 5 YEAR T.A. STATUS FOR WELL. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 03/19/01 SIGNATURE \_DATE\_ Telephone No. 915-368-1488 Type or print name L. M. SANDERS (This space for State use) 0.20 APPROVED BY\_ \_ TITLE DATE

Conditions of approval, if any:

