

11
 N. French Dr., Hobbs, NM 87240
 12
 South First, Artesia, NM 87210
 13
 100 Rio Brazos Rd., Aztec, NM 87410
 14
 2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

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.)		WELL API NO. 30-025-03057
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Phillips Petroleum Company		6. State Oil & Gas Lease No. B-2073
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762		7. Lease Name or Unit Agreement Name: EAST VACUUM GB/SA UNIT TRACT 0546
4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>EAST</u> line and <u>660</u> feet from the <u>NORTH</u> line Section <u>5</u> Township <u>18S</u> Range <u>35E</u> NMPM County <u>LEA</u>		8. Well No. 33
10. Elevation (Show whether DR, RKB, RT GR, etc.) 3964' DF		9. Pool name or Wildcat VACUUM GRAYBURG/SAN ANDRES

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
 OTHER: CK WHEAD ASSY, TST CSG ISOLATE GAS BLOW ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
 CASING TEST AND CEMENT JOB ☐
 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.

09/19/00 MUST REPAIR DUE T/BRADENHEAD FAILURE. CHECK WELLHEAD ASSY, TST CSG T/ISOLATE GAS BLOW ON SURFACE & ATTEMPT T/SHUTOFF GAS BLOW ON SURFACE.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Larry M. Sanders TITLE REG/PRORATION SPECIALIST DATE 12/08/00

Type or print name LARRY M. SANDERS Telephone No. 915/368-1488

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
 Conditions of approval, if any: _____