1. Type of Well: MET X

2. Name of Operator

3. Address of Operator

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

4. Well Location

11.

OTHER:

Ene

to Appropriate District Office

Submit 3 Copies to Appropriate District Office	State of New M Energy, Minerals and Natural R		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION P.O. Box 20 Santa Fe, New Mexico	88	WELL API NO. 30-025-03070
P.O. Drawer DD, Artesia, NM \$8210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410		37304-2000	STATE X FEE 6. State Oil & Gas Lease No.
OD NOT USE THIS FORM FOR PRODIFFERENT RESER	CES AND REPORTS ON WE POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	B-1838 7. Lease Name or Unit Agreement Name
Type of Well: Oil. WELL X WELL Name of Operator	OTHER		Vacuum Abo Unit Btry 2, Tract 13
Phillips Petroleum	Company		8. Well No. 10
Address of Operator 4001 Penbrook Stree Well Location Unit Letter	Feet From The South	Line and 2310	N.M. I an
10whamp 18-S Range 35-E NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3955' GL; 3970' RKB			
I. Check A NOTICE OF INTI	ppropriate Box to Indicate I ENTION TO:		port, or Other Data SEQUENT REPORT OF:
RFORM REMEDIAL WORK MPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLING	OPNS. DLUG AND ABANDONMENT
ULL OR ALTER CASING THER:		CASING TEST AND CEN	— 3
2. Describe Proposed or Completed Operation work) SEE RULE 1103.	OOH with rods (if ap		ng estimated date of starting any proposed stall BOP. COOH with

- 12. Describe Proposed or Completed Operations (Cla work) SEE RULE 1103.

1.	MI and RU DDU. COOH with rods (if applicable). Install BOP. COOH with tubing (if applicable).
2.	If a pressure bomb was not run previously due to rods in the hole, run in with bomb to top of perforations. Obtain 1 hour shut-in pressure. COOH.
3.	RIH with CIBP on workstring. Set CIBP no more than 100' above top perforation.
4.	Fill casing with inhibited brine, test to 500 psi, and record chart.
	THE PROMISE OF THE CONTRIBUTION OF THE CONTRIB
I hereb	cortify that the information above is true and complete to the best of my knowledge and belief. TURE Supervisor, Req. Affairs 8/24/92
	RPRINT NAME L. M. Sanders 915/368-1488
ATTRO	PAGE 27'92 DISTRICT I SUPERVISOR TITLE DATE DATE