

Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P. O. Box 1980, Hobbs, NM 88240

DISTRICT II
P. O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

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| 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. 30-025-03108 |
| 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. E-6504 |
| 3. Address of Operator 4001 Penbrook Street, Odessa, Texas 79762 | | 7. Lease Name or Unit Agreement Name Vacuum Abo Unit |
| 4. Well Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>north</u> Line and <u>358</u> Feet From The <u>west</u> Line Section <u>8</u> Township <u>18-S</u> Range <u>35-E</u> NMPM Lea County | | 8. Well No. Btry 1 Tr 15 01 |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | | 9. Pool name or Wildcat Vacuum Abo Reef |

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☒ Temporarily abandon

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.

Second request for extension of authority to temporarily shut in well pending future use in enhanced recovery project.

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

SIGNATURE L. M. Sanders

TITLE Regulation & Proration DATE 2-06-89

TYPE OR PRINT NAME L. M. Sanders

Supervisor
TELEPHONE NO. 915/367-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR

TITLE FEB 10 1989

CONDITIONS OF APPROVAL, IF ANY:

2nd TA expires 2-1-90