

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

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

WELL API NO. 30-025-03109
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-6704
7. Lease Name or Unit Agreement Name Vacuum Abo Unit Btry. 1, Tr. 15
8. Well No. 2
9. Pool name or Wildcat Vacuum Abo Reef
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3969' RKB

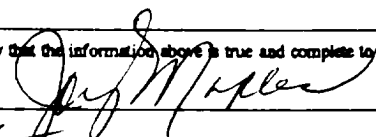
SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook St., Odessa, Texas 79762	4. Well Location Unit Letter C : 330 Feet From The North Line and 1650 Feet From The West Line Section 8 Township 18-S Range 35-E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Filed to correct formation top. <input checked="" type="checkbox"/>

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.

C-103 form filed to correct formation top for the Abo from 8749' to 8636'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE 	TITLE Supv., Reg. & Pror. DATE 3/24/92
TYPE OR PRINT NAME L. M. Sanders	TELEPHONE NO. 915/368-1488
(This space for State Use)	Orig. Signed by Paul Kautz Geologist
APPROVED BY	TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:	