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NEW MEXICO OIL CONSERVATION COMMISSION  
REVENUE OFFICE O.C.C.

JUN 14 11 50 AM '67

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>8 6704</b>	

### 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>Phillips Petroleum Company</b>		8. Farm or Lease Name <b>Vacuum Abo Unit, Tract 15</b>
3. Address of Operator <b>Rm. B-2, Phillips Bldg., Okla., Texas</b>		9. Well No. <b>3</b>
4. Location of Well UNIT LETTER <b>B</b> <b>330</b> FEET FROM THE <b>North</b> LINE AND <b>2310</b> FEET FROM <b>East</b> LINE, SECTION <b>8</b> TOWNSHIP <b>18S</b> RANGE <b>35E</b> NMPM.		10. Field and Pool, or Wildcat <b>Vacuum Abo Reef</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3958' DF</b>		12. County <b>Lea</b>

16.

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☒ **Temporarily Abandon**

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

**Shut well down as uneconomical to operate effective June 8, 1967.**

ION MALL  
THIS C  
WELL STAT  
FOR THIS

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

SIGNED **W. J. Muller**

TITLE **Associate Reservoir Engr.**

DATE **6-13-67**

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE  
DATE