Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-24644 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE X FEE District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-2131 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) EAST VACUUM GB/SA UNIT 1. Type of Well: TRACT 0449 Oil Well X Gas Well Other 2. Name of Operator 8. Well No. Phillips Petroleum Company 128 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street Odessa, TX 79762 VACUUM GRAYBURG/SAN ANDRES 4. Well Location 330 NORTH Unit Letter 330 feet from the line and WEST feet from the line 4 Section Township Range 35E **NMPM** LEA County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3950' GL 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: REPAIRED CASING LEAK 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. 10/16/00 MIRU DOU COOH W/RODS/PMP, NU BOP COOH W/TBG GIH W/CSG SCRPR COOH GIH W/ RBP & PKR SET RBP 4306' TSTD CSG FOUND HOLE F/291-321' COOH W/PKR DMP 2 SX SAND ON RBP RU HES PMP 150 SX CMT C/PREM+ DROP PLUG SQZ T/500 PSI SD RD HES GIH W/BIT/COLRS DO OMT TST CSG T/300 PSI OK COOH W/CLRS/BIT GIH W/PROD TBG RD BOP GIH W/PMP & RODS (REPLACED ALL 3/4 RODS) HANG ON RD MO DDU COMPLETE DROP F/REPORT

| I hereby certify that the information above is true and complete | to the best of my know | ledge and belief. | | |
|--|------------------------|----------------------|---------------|------------|
| SIGNATURE (Grant Jon | TITLE Seni | or Regulation Analys | stDATE_ | 11/07/2000 |
| Type or print name Larry M. Sanders | | | Telephone No. | (915) |
| (This space for State use) | | | | |
| APPROVED BY | TITLE | | DATE | |