State of New Mexico Submit 3 Copies To Appropriate District 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 30-025-27995 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1700 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE X FEE \square District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-2148 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.) LEAMEX 1. Type of Well: Oil Well X Gas Well Other 2. Name of Operator 8. Well No. Phillips Petroleum Company 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street Odessa, TX 79762 MALJAMAR GB/SA 4. Well Location Unit Letter 2130 SOUTH feet from the 1980 line and feet from the line Section 22 Township 17-S Range **NMPM** County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4149' GR 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: RUN CSG INTEGRITY TST - REQUEST TA STATUS X 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. 02/08/95 CIBP WAS SET @ 4100'. 03/08/01 RAN CASING INTEGRITY TEST (CHART ATTACHED) START 560 FINISH 540 (PASSED) TEST WITNESSED BY ROBINSON OF OCD. REQUEST 5 YEAR T.A. STATUS FOR WELL. trid approval of Temporary Apar month 15 I hereby certify that the information above is true and complete to the best of my knowledge and belief. anden TITLE SUPERVISOR REGL/PROR. SIGNATURE. DATE. 03/19/01 Type or print name L. M. SANDERS Telephone No. 915-368-1488 (This space for State use) MAR 23 7001 APPROVED BY_ TITLE DATE

Conditions of approval, if any:

