Suk nit 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 30-025-30080 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 🔀 FEE 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 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 MALJAMAR GRAYBURG/SAN ANDRES 4. Well Location 660 Unit Letter _ feet from the NORTH line and feet from the line Township 17S Range **NMPM** County IFA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4141' 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: C/O & TEST SI WELL & REQUEST 5 YR. T.A. 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. 09/24/01 PERFORM MECHANICAL INTEGRITY TEST (CHART ATTACHED), START 570 FINISH 560 PULLING UNIT NOT USED ON WELL, CIBP @ 4273' WELL STATUS T/A. TEST RAN WITHOUT NMOCD REP PER SYLVIA DICKEY. REQUEST 5 YEAR T.A. STATUS ints Approval of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. REGULATION/PROPATION DATE SIGNATURE

TITLE

Telephone No.

DATE

915/368-1488

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Type or print name LARRY M. SANDERS

(This space for State use)

Conditions of approval, if any:

APPROVED BY_