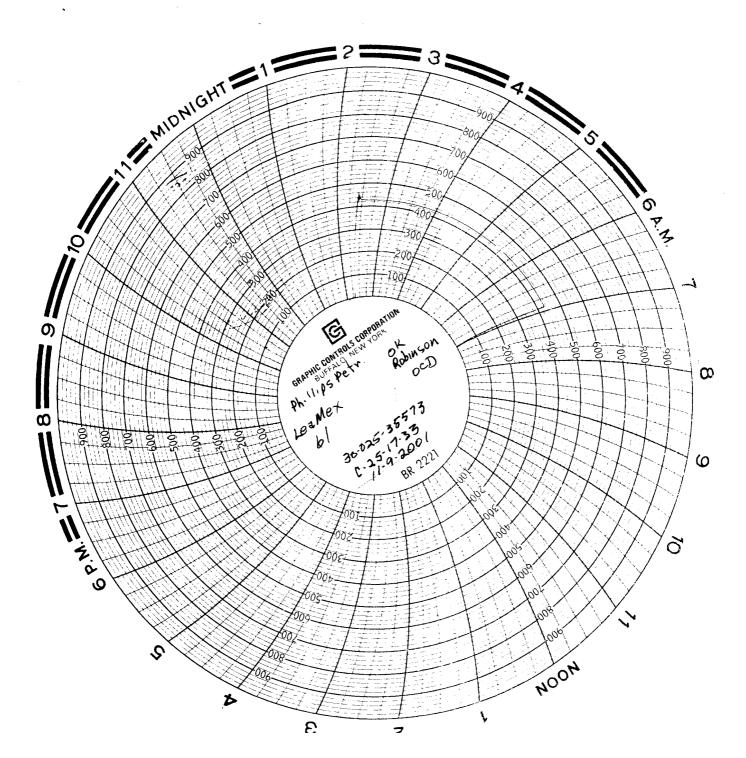
State of New Mexico Submi 3 Copies To Appropriate District Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-35573 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE x FEE Santa Fe. NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 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 G Other INJECTION 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 (GRAYBURG-SAN ANDRES) 4. Well Location Unit Letter 660 feet from the line and 1940 feet from the line Section Township 17-S 25 Range 33-E **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4126' KB/ 4125' DF/ 4112' 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: Install Packer & Test Casing 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. 10/22/01 Set packer @ 4293'. RU & rum press. chart on csg., press. @ 350 psi for 15 min., rum chart. Chart attached. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE SUPERVISOR, REG./PRO. _DATE_ Type or print name L.M. SANDERS Telephone No. 915/368-1488 (This space for State use) APPROVED BY TITLE Conditions of approval, if any:



ple set 4,293.36 4332-4344 4332-4344 4378-4386 4476-4480 4476-4480 4523-4528