State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 D'inct I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-02225 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-2317 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.) STATE 35 UNIT 1. Type of Well: Oil Well X Gas Well Other 8. Well No. 2. Name of Operator Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator 4001 Penbrook Street Odessa, TX VACUUM GRAYBURG SAN ANDRES 4. Well Location 660 NORTH 660 WEST Unit Letter \_\_\_\_ feet from the line and feet from the line 35 **NMPM** Section Township 17S Range **LFA** County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4023' 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** CASING TEST AND PULL OR ALTER CASING MULTIPLE COMPLETION CEMENT JOB OTHER: RUN INTEGRITY TEST & REQUEST T.A. STATUS OTHER: 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. 07/19/94 CIBP SET @ 4124' 03/13/01 MIRU POOL #681 NU BOP PU CSG SCRAPER ON 2-3/8 WS GIH T/4118' COOH W/SCRAPER GIH W/PKR SWINGING @ 4102'. 03/15/01 RD POOL DDU #681 RETST W/NMOCD - DROP F/REPORT 03/20/01 RAN CASING INTEGRITY TEST (CHART ATTACHED) REQUEST 5 YEAR T.A. STATUS FOR WELL. to a Approval of Temporary 41 walladonnent Zxpires 2 I hereby certify that the information above is true and complete to the best of my knowledge and belief. PRORATION SPECIALIST 03/30/01 SIGNATURE DATE Type or print name LARRY M. SANDERS Telephone No. 915/368-1488 (This space for State use) APH D Lee APPROVED BY TITLE

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Conditions of approval, if any:



