omit 3 Copies To Appropriate District State of New Mexico Form C-103 ffice Energy, Minerals and Natural Resources Revised March 25, 1999 istrict I WELL API NO. .625 N. French Dr., Hobbs, NM 87240 District II 30-025-02847 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 2040 South Pacheco, Santa Fe, NM 87505 6. State Oil & Gas Lease No. B-2224 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 2150 Oil Well Gas Well Other 2. Name of Operator 8. Well No. Phillips Petroleum Company 009 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street Odessa, TX 79762 VACUUM GRAYBURG/SAN ANDRES 4. Well Location 660 Unit Letter SOUTH line and feet from the 660 \_ feet from the **EAST** line Section Township 17S Range 35F **NMPM** County I FA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3944.71 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: DETERMINE REACTIVATION POTENTIAL 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. 09/21/00 PROCEDURE WILL DETERMINE REACTIVATION POTENTIAL OF THE WELL. IF IS DETERMINED TO BE UNECONOMIC IT WILL BE PLACED IN TA STATUS OR A DECISION WILL BE MADE TO PLUG IT. IF THE WELL IS FOUND TO HAVE REACTIVATION POTENTIAL IT WILL BE ACIDIZED AND PUT ON PMP. DETERMINE POTENTIAL BY 2/15/00 CW I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE\_ TITLE REG. PRORATION SPECIALIST \_\_DATE \_\_\_\_12/08/00 Type or print name LARRY M. SANDERS Telephone No. 915/368-1488 (This space for State use) APPROVED BY\_ \_ TITLE\_ \_\_\_\_ DATE

Conditions of approval, if any: