

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-02865
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-7428
7. Lease Name or Unit Agreement Name	EAST VACUUM GB/SA UNIT TRACT 2576
8. Well No.	001
9. Pool name or Wildcat	VACUUM GB/SA

1. Type of Well:	GAS WELL <input type="checkbox"/> OTHER		
2. Name of Operator	Phillips Petroleum Company		
3. Address of Operator	4001 Penbrook Street, Odessa, TX 79762		
4. Well Location	Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line		
	Section <u>25</u>	Township <u>17 S</u>	Range <u>35 E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3920' GL			

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

1. MIRU. NU BOP. LAY DOWN PRODUCTION EQUIPMENT. SET CIBP AT 4200'.
2. SPOT PLUG NO. 1 (25 SX CMT) 4200'-4103'. COVERS GB/SA.
3. SPOT PLUG NO. 2 (25 SX CMT) 2997'-2897'. COVERS YATES.
4. PERFORATE CSG AT 1787'. SQZ UNDER PKR W/PLUG NO. 3 (75 SX CMT) 1787'-1687'. COVERS THE SALT TOP AND SURFACE SHOE.
5. PERFORATE CSG AT 400'. PUMP PLUG NO. 4 (125 SX CMT) DOWN CSG, THRU PERFORATIONS AT 400' AND BACK TO THE SURFACE ON ANNULUS, LEAVING CSG FULL.
6. CUT OFF CSG 3' BELOW GROUND LEVEL. INSTALL MONUMENT MARKER. PERFORM RELCAMATION WORK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

L. M. Sanders

TITLE SUPERVISOR, REG. AFFAIRS

DATE 4/11/95

TYPE OR PRINT NAME L. M. SANDERS

TELEPHONE NO. 915/368-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APR 14 1995

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: