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CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

30-025-02879

Form C-103  
Revised 10-1-7

|                                           |                              |
|-------------------------------------------|------------------------------|
| 5a. Indicate Type of Lease                |                              |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.              |                              |

SUNDRY NOTICES AND REPORTS ON WELLS  
(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.)

|                                                                                                                                               |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                              | 7. Unit Agreement Name                                    |
| 2. Name of Operator<br>Phillips Petro. Co.                                                                                                    | 8. Farm or Lease Name<br>EVGSAU Tr. 2622                  |
| 3. Address of Operator<br>HC60 Box 66 Lovington, NM 88260                                                                                     | 9. Well No.<br>D30                                        |
| 4. Location of Well<br>UNIT LETTER E 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 22 TOWNSHIP 17-5 RANGE 35-E NMPM. | 10. Field and Pool, or Wildcat<br>Voc Grayburg-San Andres |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>3918' G.L.                                                                                   | 12. County<br>Lea                                         |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                                |                                                          |                                                      |                                               |
|------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/>                | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>                    | COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input checked="" type="checkbox"/> Fill in cellar | CASING TEST AND CEMENT JOBS <input type="checkbox"/> |                                               |

17. 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.

Fill in cell with sand as per Buddy Hill.

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

|                                 |                                      |                         |
|---------------------------------|--------------------------------------|-------------------------|
| SIGNED <u>[Signature]</u>       | TITLE <u>Sr. Field Tester</u>        | DATE <u>5-7-93</u>      |
| APPROVED BY <u>[Signature]</u>  | TITLE <u>OIL &amp; GAS INSPECTOR</u> | DATE <u>MAY 12 1993</u> |
| CONDITIONS OF APPROVAL, IF ANY: |                                      |                         |