Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office | | | | | | |
|---|--|------------------|------------------|-----------------------|--|--|
| DISTRICT I P.O. Box 1980, Hobbs NM 88240 | OIL CONSERVAT | | VISION | WELL API NO. | | |
| P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088 | | | 4-2088 | | 30-025-02885 | |
| P.O. Drawer DD, Artesia, NM 88210 | Janua I E, INEW IVI | | . 2000 | 5. Indicate Type | of Lease STATE X FEE | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874 | 10 | | | 6. State Oil & G | as 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" | | | | 7. Lease Name of | 7. Lease Name or Unit Agreement Name | |
| 1 | ISENVOIN, USE "APPLICATION FOR IN C-101) FOR SUCH PROPOSALS.) | | | VACUUM ABO | - | |
| 1. Type of Well: OIL GAS | | | | TRACT 6 | | |
| WELL X WELL | OTHER | | | 9 37-11 57- | | |
| 2. Name of Operator Bhilling Dotnoloum Co | mnanv | | | 8. Well No. | | |
| Phillips Petroleum Co 3. Address of Operator | mpany | | | 9. Pool name or | Wildcat | |
| 4001 Penbrook Street, | Odessa, TX 79762 | | | VACUUM / | ABO REEF | |
| 4. Well Location Unit Letter | Feet From The SOU | ITH L | ine and 5 | 60 Feet Fro | om The WEST Line | |
| Section 26 | Township 17-S | Range | 35-E | NMPM | LEA County | |
| 36ction 20 | 10. Elevation (Show v | vhether DF, R | KB, RT, GR, et | | ŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢ | |
| <u> </u> | | | 1' RKB | | <u> </u> | |
| | Appropriate Box to Indic | ate Natui | | · — | | |
| NOTICE OF | INTENTION TO: | | Sui | BSEQUENT | REPORT OF: | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REME | DIAL WORK | | ALTERING CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | 🗌 соми | MENCE DRILLING | G OPNS. | PLUG AND ABANDONMENT | |
| PULL OR ALTER CASING |] | CASI | IG TEST AND C | EMENT JOB | | |
| OTHER: | | OTHE | R: PERFORM | MECHANICAL | INTEGRITY TEST | |
| 12. Describe Proposed or Completed | Operations (Clearly state all pertines | nt details, and | give pertinent d | ates, including estin | nated date of starting any propose | |
| work) SEE RULE 1103. | • | | | | | |
| 08/21/97 PERFORM MEG | HANICAL INTEGRITY TES | T PER NM | OCD REQUIF | REMENTS | | |
| | FREEMYER CO., INC - 2 | | | | PRING) | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | , | |
| | | This Ap | resya! If | Temporary o | 7/29/2002 | |
| | | Abancan | Rang Lipi | 1 Commence | Some of the second seco | |
| I hereby certify that the information above | e is true and complete to the best of my kno | wledge and beli | | | ·· | |
| d)//a.l. | + // | | | | at non 00/00/07 | |
| SIGNATURE | www. | TITLE <u>Sei</u> | nor kegul | ation Analy | St DATE 09/08/97 | |
| | Sanders | | | | TELEPHONE NO. (915) 368-14 | |
| (This space for State Use) ORIG | INAL SIGNED BY CHRIS WILL DISTRICT I SUPERVISOR | IAMS | | | | |
| | = 1421144114411 | | | | • | |
| APPROVED BY | | TITLE | | | DATE | |
| CONDITIONS OF APPROVAL, IF ANY: | | | | | | |

