

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 88241-1980

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

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-02968

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. 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. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Phillips Petroleum Company

3. Address of Operator

4001 Penbrook Street Odessa, TX 79762

7. Lease Name or Unit Agreement Name

EAST VACUUM GB/SA UNIT
TRACT 3202

8. Well No.

012

9. Pool name or Wildcat

VACUUM GRAYBURG/SAN ANDRES

4. Well Location

Unit Letter J : 1980 Feet From The EAST Line and 1988 Feet From The SOUTH Line

Section 32 Township 17S Range 35E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3972' RKB 3960' 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: REPAIR DUE T/FAILURE OF BRADENHEAD TEST ☒

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.

08/18/2000 DUE TO FAILURE OF BRADENHEAD TEST CASING WILL BE TESTED, THEN WILL RUN
CEMENT BOND LOG T/DETERMINE TOC OF 5-1/2" CSG, TRY T/DETERMINE WHERE
GAS COMING FROM & DECIDE HOW TO SHUT IT OFF, AND SHUT OFF GAS FLOW.

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

SIGNATURE

TITLE Senior Regulation Analyst

DATE 08/28/2000

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: