State of New Mexico Submit 3 Copies To Appropriate District Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I 1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District II 30-025-02973 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 \square District IV 2040 South Pacheco, Santa Fe, NM 87505 6. State Oil & Gas Lease No. B-1576-3 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.) VACUUM GB/SA UNIT FAST 1. Type of Well: **TRACT 3229** Oil Well X Gas Well Other 2. Name of Operator 8. Well No. Phillips Petroleum Company 002 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street Odessa, TX 79762 VACUUM GRAYBURG/SAN ANDRES 4. Well Location Unit Letter 660 feet from the line and 660 feet from the Section 32 Township 17S Range 35E **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4000' RKB 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: OTHER: DRILL A 1150' LATERAL (WELL ON PRODUCTION) ſχ 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. 8/05/02 - WELL ON PRODUCTION. LAST WELL TEST: 55 OIL, 1.4 WATER & 26 GAS, 33% CO2. LUFKIN 456 UNIT ON WELL RUNNING 7 SPM, 103" STROKE LENGTH, POC IN USE. "COMPLETE DROP FROM REPORT" I hereby certify that the information above is true and complete to the best of my knowledge and belief. / NTLE_Supervisor, Regulation/Pror.__DATE_ SIGNATURE 9/03/02 Type or print name L. M. Sander's Telephone No. (915)368-1488 (This space for State use) SEP 0 6 2002 APPROVED BY

TITLE

CHUTTE LO REPORTE L'ATTVE HISTAFF MANAGER

Conditions of approval, if any: