

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-02977
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Phillips Petroleum Company		6. State Oil & Gas Lease No. B-1838
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762		7. Lease Name or Unit Agreement Name: East Vacuum GB/SA Tract #3236
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>32</u> Township <u>17-S</u> Range <u>35-E</u> NMPM County <u>Lea</u>		8. Well No. 002
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3989' RKB & 3970' GL		9. Pool name or Wildcat Vacuum Grayburg / San Andres

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 ☐ MULTIPLE COMPLETION ☐
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

ATTENTION MR. GARY WINK

PROCEDURE WITH BEFORE AND AFTER WELLBORE DIAGRAMS ARE ATTACHED.

* NOTE: ORIGINAL FORM C-103 AND 3 COPIES BEING SENT BY MAIL

THIS COMPLETION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

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

SIGNATURE Larry Leach TITLE HSE/Regulatory Supervisor DATE 12/09/02

Type or print name Larry Leach

Telephone No. (915)368-1314

(This space for State use)

ORIGINAL SIGNED BY

GARY WINK

OC FIELD REPRESENTATIVE II/STATE

APPROVED BY

Conditions of approval, if any:

DATE DEC 12 2002