State of New Mexico Submit 3 Copies To Appropriate District Revised March 25, 1999 Energy, Minerals and Natural Resources Office WELL API NO. District I 1625 N. French Dr., Hobbs, NM 87240 30-025-02990 OIL CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III FEE  $\square$ STATE X Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 B-2073 7. Lease Name or Unit Agreement Name: 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 VACUUM ABO UNIT TRACT 6 PROPOSALS.) 1. Type of Well: BATTERY 3 Gas Well Other Oil Well 8. Well No. 2. Name of Operator Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator VACUUM ABO REEF 4001 Penbrook Street Odessa, TX 79762 4. Well Location 1980 line feet from the\_ SOUTH line and 330 feet from the \_\_\_ Unit Letter **NMPM** County 35-E Range Township 17-S 33 Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3947' RKB 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REMEDIAL WORK ALTERING CASING PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND COMMENCE DRILLING OPNS. **CHANGE PLANS TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND MULTIPLE PULL OR ALTER CASING **CEMENT JOB** COMPLETION X OTHER: RAN CSG INTEGRITY TST - REQUEST TA STATUS 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. 09/08/94 CIBP WAS SET @ 8515'. 02/26/01 RAN CASING INTEGRITY TEST (CHART ATTACHED) START 550 FINISH 540 (PASSED) TEST WITNESSED BY E. GONZALES OF OCD. REQUEST 5 YEAR T.A. STATUS FOR WELL. This Approval of Temporary Abandonment Expires 3/23/06I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE SUPERVISOR REGL/PROR. \_DATE\_ SIGNATURE. Telephone No. Type or print name L. M. SANDERS (This space for State use) DATE APPROVED BY\_

Conditions of approval, if any:

5,1

Form C-103

