Submit 3 Copies To Appropriate District Office	State of New			roini C-1		
District I	Energy, Minerals and N	aturai Resources	WELL API NO.	Revised March 25, 1	999	
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION			30-025-02992		
811 South First, Artesia, NM 87210 District III	South First, Artesia, NM 8/210		5. Indicate Type of Lease			
1,000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE X FEE			
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas L B-1400	ease No.		
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSITION OF THE SERVOIR. USE "APPLICATION OF THE SERVOIR." USE "APPLICATION" OF THE SERVOIR. USE "APPLICATION" OF THE SERVOIR. USE "APPLICATION" OF THE SERVOIR. USE "APPLICATION" OF THE SERVOIR OF THE SE	ES AND REPORTS ON W SALS TO DRILL OR TO DEEPE ATION FOR PERMIT" (FORM C	EN OR PLUG BACK TO A	VACUUM ABO UNIT	nit Agreement Name:		
Oil Well X Gas Well	Other		BATTERY 3, TRACT	11		
2. Name of Operator			8. Well No.			
Phillips Petroleum Company			06			
3. Address of Operator	•			9. Pool name or Wildcat		
4001 Penbrook Street Odessa, 4. Well Location	TX 79762		VACUUM ABO REEF	·	-	
Unit LetterP:		SOUTH line and	660 feet from	·	ne	
Section 33		her DR, RKB, RT, GR, etc 3933' GL		County		
•	ppropriate Box to Indic		-			
NOTICE OF INTE PERFORM REMEDIAL WORK	NTION TO: PLUG AND ABANDON [SUB:	SEQUENT REPO	ORT OF: ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS [COMMENCE DRILLI	NG OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE [COMPLETION	CASING TEST AND CEMENT JOB				
OTHER:		OTHER: ROON CSG I	NTEGRITY TST - REX	QUEST TA STATUS	X	
12. Describe Proposed or Completed of starting any proposed work). Some or recompilation.						
07/21/93 CIBP WAS SET @ 8	225'.					
	RITY TEST (CHART ATTACT Y E. GONZALES OF OCD.	HED) START 560 FINISH	I 540 (PASSED)			
request 5 year t	.a. status for Well.					
		This Approval Abandonment Ex	of Temporary opires	3/23/06		
I hereby certify that the information above i	s true and complete to the best	of my knowledge and belief	f.		_	
SIGNATURE S.M.	Janders_T	ITLE SUPERVISOR REGL	/PROR. DA	ATE 03/19/01		
Type or print name L. M. SANDERS			Telephon	e No. 915-368-148	8	
This space for State use)					1	
APPROVED BY TITLE		TITLE	DA´	r <u>e</u>	. ' \ (
Conditions of approval, if any:		. Dad C	<i>ा</i> षु			
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