Submit 3 Copies To Appropriate District State of New Mexico 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 OIL CONSERVATION DIVISION 30-025-03000 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE X FEE  $\Box$ District IV 2040 South Pacheco, Santa Fe, NM 87505 6. State Oil & Gas Lease No. B-2519 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.) EAST VACUUM GB/SA UNTT 1. Type of Well: TRACT 3467 Oil Well Gas Well Other 2. Name of Operator 8. Well No. Phillips Petroleum Company 024 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street Odessa, TX 79762 VACUUM GB/SA 4. Well Location Unit Letter \_\_ 660 feet from the NORTH line and 660 \_\_\_ feet from the line Section Township 17-s Range **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3922.5' GR 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: RUN CSG INTEGRITY TEST -REQUEST TA STATUS X 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. 6/15/94 CIBP WAS SET @ 4060'. 3/16/01 RAN CASING INTEGRITY TEST (CHART ATTACHED). REQUEST 5 YEAR T.A. STATUS FOR WELL. hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURÆ TITLE SUPERVISOR REG. & PROR Type or print name L. M. SANDERS Telephone No. This space for State use) APPROVED BY\_ TITLE DATE Conditions of approval, if any:

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