State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Office Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-03003 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE 😠 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 FEE District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 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.) VACUUM ABO UNIT 1. Type of Well: TRACT 6 Oil Well X Gas Well Other 2. Name of Operator 8. Well No. Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator 4001 Penbrook Street Odessa, TX 79762 VACUUM ABO REEF 4. Well Location Unit Letter 2080 feet from the EAST line and feet from the_ line Section 34 Township **NMPM** 17S Range County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3939' 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 CASING TEST AND PULL OR ALTER CASING **MULTIPLE** COMPLETION **CEMENT JOB** OTHER: OTHER: PERFORM INTEGRITY TEST \mathbf{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. 09/11/02 PERFORMED MECHANICAL INTEGRITY TEST PER OCD REQUIREMENTS RAN CHART START 505 PSI END 580 PSI (30 MINUTE CHART ATTACHED) I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Type or print name LARRY M. SANDERS

TITLE

Telephone No.

DATE

OCT 2 1 2002

CHITATIVE WYSTAFF MANAGER

APPROVED BY Conditions of approval, if any:

(This space for State use)