Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		•	Ve. Per 1-1-9A	
DISTRICT I	OIL CONSERVATION	ON DIVISION		_
P.O. Box 1980, Hobbs NM 88241-1980	bs NM 88241-1980 2040 Pacheco St.		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		30-025-03011 5. Indicate Type of Lease	_
DISTRICT III			STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-1845	
	CES AND REPORTS ON WEL			///
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	POSALS TO DRILL OR TO DEEPEN : VOIR. USE "APPLICATION FOR PER	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	<u> </u>
(FORM C-	101) FOR SUCH PROPOSALS.)		VACUUM ABO UNIT	
1. Type of Well: OIL GAS WELL WELL			BATTERY 3. TRACT 10	
	OTHER			
2. Name of Operator			8. Well No.	_
Phillips Petroleum Company 3. Address of Operator			#5	
4001 Penbrook Street Odessa	TX 79762		9. Pool name or Wildcat VACUUM ABO REEF	
4. Well Location Unit Letter M : 330	Feet From The SOUTH	23		
	reet From The	Line and33	D Feet From The WEST Line	3
Section 34	Township 17S Ra	inge 35E	NMPM LEA County	
	10. Elevation (Show whether	er DF, RKB, RT, GR, etc. 23" RKB 3925" GL		
11. Check Apr			Panart or Other Date	<u> </u>
Check Appropriate Box to Indicate Nature of Notice, 1 NOTICE OF INTENTION TO:				
		208	SEQUENT 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		CASING TEST AND CEN		
OTHER:		OTHER: TEMP. ABAN	DON	X
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent deta	ills, and give pertinent date	es, including estimated date of starting any proposed]
**************************************	ICE OF INTENT TO TA WAS AP	PROVED BY OCD 8/27	/92	
TA WELL WAS N	95', CIRC PKR FL, RAN CHAR EVER REPORTED IN DIMS: ENT	T*, NOTHING IN HOL ERED INFORMATION F	E. WORK TO ROM E&O DATED	
02/25/99 OCD REQUESTED	LETE DROP F/REPORT. CHART FOR THIS WELL BE LO	CATED AND SENT TO H	HORRS DEETCE	
02/25/99 OCD REQUESTED CHART FOR THIS WELL BE LOCATED AND SENT TO HOBBS OFFICE OR RE-RUN CHART TO GO WITH THIS FORM C103.				
03/29/99 RECEIVED 2 COPIES OF CHART FROM FIELD WHICH WAS RUN 3/25/99 W/WITNESS				
(KAREN SHARP) COPY FAPILES	FROM OCD. THE OCD REP.	TOOK ORIGINAL CHAR	T AND GAVE US	
COFT FATLES.	1			
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.		-
SIGNATURE CASLE	on for TITLE	Senior Regulation	n Analyst DATE 03/29/99	
TYPE OR PRINT NAME Larry M. Sander				-
(This space for State Use)			TELEPHONE NO. (915) 368-1488	3
			· · · · · · · · · · · · · · · · · · ·	
APPROVED BY	TITLE		DATE DATE	•
CONDITIONS OF APPROVAL, IF ANY:			DATE	•
> Sts Approval of Tax				
All the state of t	4-12-3	2004		2

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