

Submit 3 Copies
to Appropriate
District Office

DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

DISTRICT II

P. O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

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 PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	WELL API NO. 30-025-03011
2. Name of Operator Phillips Petroleum Company	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 4001 Penbrook Street, Odessa, Texas 79762	6. State Oil & Gas Lease No. B-1845
4. Well Location Unit Letter M : 330 Feet From The south Line and 330 Feet From The west Line Section 34 Township 17-S Range 35-E NMPM Lea County	7. Lease Name or Unit Agreement Name Vacuum Abo Unit
	8. Well No. Btry 3 Tr 10 5
	9. Pool name or Wildcat Vacuum Abo Reef
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3923' RKB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER: ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ Temporarily abandon

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Second request for extension of authority to temporarily shut in well pending future use in enhanced recovery project.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE L. M. Sanders
TYPE OR PRINT NAME L. M. Sanders

TITLE Regulation & Proration DATE 2-06-89
Supervisor
TELEPHONE NO. 915/367-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR

TITLE DATE FEB 10 1989

CONDITIONS OF APPROVAL, IF ANY:

2nd TA expires 2-1-90

100-1-100-1

100-1-100-1

RECEIVED

FEB 9 1983

OCB

NOBIS OFFICE