

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 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

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-03015
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1845
7. Lease Name or Unit Agreement Name	VACUUM ABO UNIT BATTERY 3 TRACT 10
8. Well No.	9
9. Pool name or Wildcat	VACUUM ABO REEF

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	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	
4. Well Location Unit Letter J : 1980' Feet From The SOUTH Line and 2310' Feet From The EAST Line Section 34 Township 17-S Range 35-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3938' RKB	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: REPAIR TBG LEAK, REPLACE 125 JTS TBG ☒

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.

01/03/97 HAD TUBING LEAK, REPLACED 120 JTS TBG, RAN PACKER IN & PMPD PKR FLUID & TESTED CSG T/500# FOR 30 MIN.

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

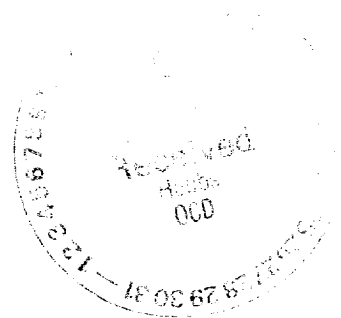
SIGNATURE Larry M. Sanders TITLE Senior Regulation Analyst DATE 1-10-97

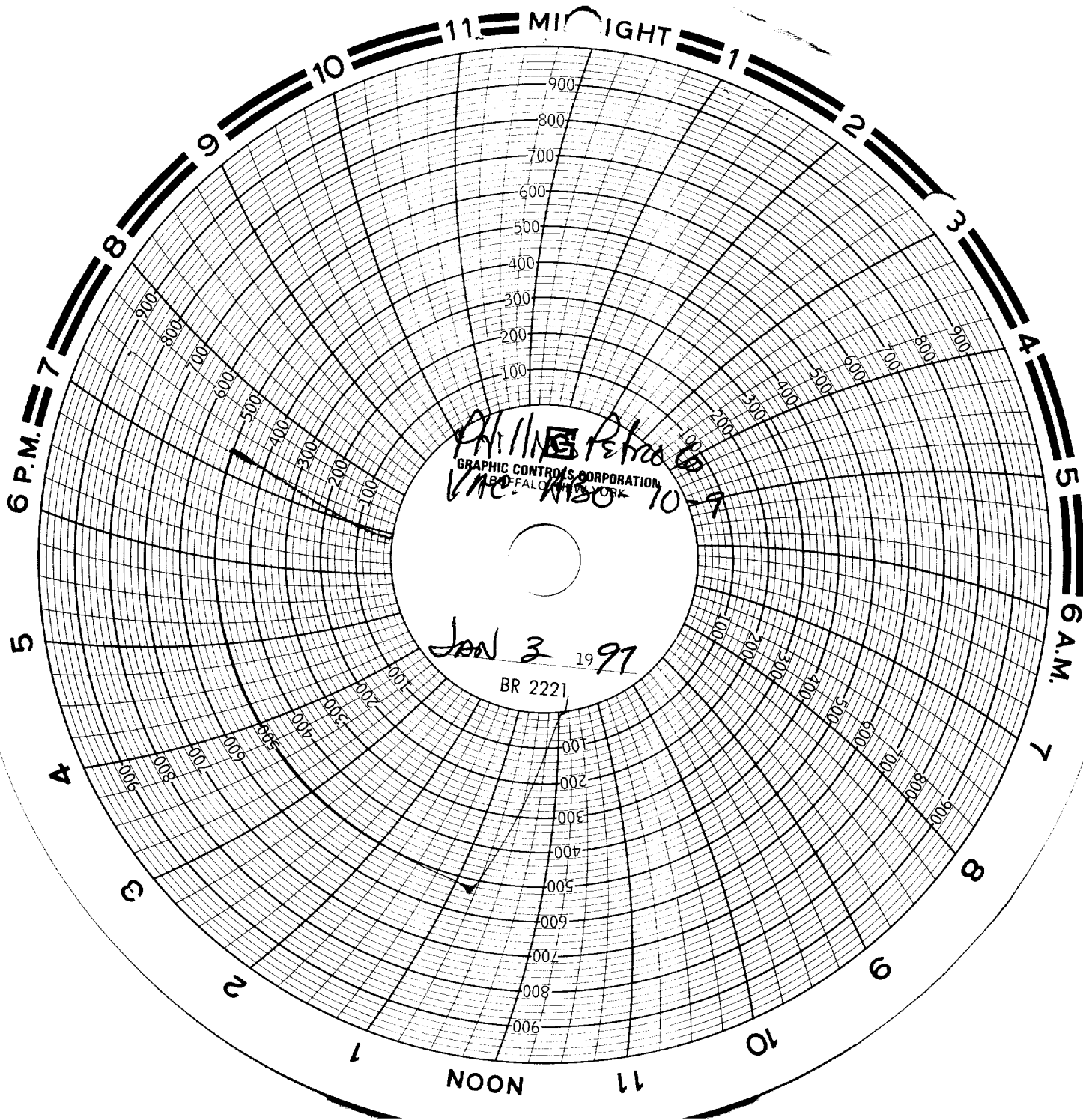
TYPE OR PRINT NAME Larry M. Sanders TELEPHONE NO. (915) 368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 16 1997





PHILLIPS Astro Co.
VAC ABO-10-9
SSC-34, T-17-3, R-35-E
LEA Co. N. Mex.

JAN 09 1997