

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 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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.)		WELL API NO. 30-025-03018
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Phillips Petroleum Company		6. State Oil & Gas Lease No. B-2273-2
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762		7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT TRACT 3456
4. Well Location Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line Section 34 Township 17S Range 35E NMPM LEA County		8. Well No. 003
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3943' GR		9. Pool name or Wildcat VACUUM GRAYBURG/SAN ANDRES

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: **TEST & REPAIR LEAK** ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

08/10/2000 RU & TST 7" CSG IF NO HOLES ARE FOUND IN CSG, RUN CMT BOND LOG T/DETERMINE TOC.
PERF ESTAB INJECTN RATE SET RET & ATTEMPT T/PMP CMT T/SURF.

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 08/10/2000

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 08/14/2000
CONDITIONS OF APPROVAL, IF ANY:

5
2

Received
Hobbs
OCD
416-200
2012-07-24 2:25:23