

IL CONSERVATION DIVISIC
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <i>Phillips Petro. Co.</i>	8. Farm or Lease Name <i>EVGSAU T-2819</i>
3. Address of Operator <i>West St Rt Box 448 Lovington, N.M. 88260</i>	9. Well No. <i>003</i>
4. Location of Well UNIT LETTER <i>A</i> <i>1980</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>28</i> TOWNSHIP <i>17-S</i> RANGE <i>35-E</i> N.M.P.M.	10. Field and Pool, or Wildcat <i>Vac Grayburg - San Andres</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3951' GL</i>	12. County <i>Lea</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <i>Fill in cellar</i>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Fill in cellar with sand as per Ray Smith

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

SIGNED *Joe Brown* TITLE *Supervisor* DATE *11-3-90*

APPROVED BY *[Signature]* TITLE *[Signature]* DATE *[Signature]*

CONDITIONS OF APPROVAL, IF ANY: