

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.
30-025-08543

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-2131

7. Lease Name or Unit Agreement Name

Vacuum Abo Unit
Tract 6, Battery 4 9152

8. Well No.
71

9. Pool name or Wildcat
Vacuum Abo Reef 61780

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 ☒ GAS WELL ☐ OTHER

2. Name of Operator
Phillips Petroleum Company 17643

3. Address of Operator
4001 Penbrook Street, Odessa, TX 79762

4. Well Location
Unit Letter H : 1980 Feet From The North Line and 760 Feet From The East Line
Section 26 Township 17-S Range 35-E NMPM Lea County

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 ☐ 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: Temporary Abandon ☒

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.

09-01-94 - MIRU DDU COOH LD Rods.

09-02-94 - Finish LD rods. COOH w/tubing and GIH w/CIBP. Set at 8435'.

09-03-94 - Circ. pkr. fluid. Test casing to 500#. Held o.k. COOH LD tubing
RD MO DDU Well TA.

This Approval of Temporary
Abandonment Expires 9-1-99

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

SIGNATURE [Signature] TITLE Supv. Regulatory Affairs DATE 09-07-94

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

(This space for State Use)

SEP 12 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

PRINTED IN U.S.A.

DAY

NIGHT

TEJAS
INSTRUMENT ENGINEERS

9/3/91

BR-2221

S C-1000-S

Vac ABO 6-31

