State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-20869 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-2863-2 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) VACUUM GLORIETA EAST UNIT 1. Type of Well: TRACT 44 Oil Well X Gas Well Other 8. Well No. 2. Name of Operator Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator 4001 Penbrook Street Odessa, TX 79762 VACUUM GLORIETA 4. Well Location Unit Letter 1700 feet from the SOUTH line and feet from the line Section 33 Township 17-8 Range NMPM LEA County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: RUN CSG INTEGRITY TST - REQUEST TA STATUS X 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 08/28/90 CIBP WAS SET @ 6050'. 02/27/01 RAN CASING INTEGRITY TEST (CHART ATTACHED) START 540 FINISH 490 (PASSED) TEST WITNESSED BY E. GONZALES OF OCD. REQUEST 5 YEAR T.A. STATUS FOR WELL. This Approval of/Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE. __ TITLE_SUPERVISOR REGL/PROR. DATE_ 03/19/01 Type or print name L. M. SANDERS Telephone No. 915-368-1488 (This space for State use) APPROVED BY_ TITLE DATE Conditions of approval, if any: