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

OIL CONSERVATION DIVISION P.O. Box 2088

| | 30-025-209 | 79 | V |
|----|------------------------|-------|---|
| 5. | Indicate Type of Lease | | _ |
| | STATE X | FFF · | |

| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexico 87504-2088 | | 30-025-20x 79 | | | | |
|---|---|---------------------------|--|--|--|--|--|
| | | 5. Indicate Type of Lease | | | | | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | STATE X FEE | | | | | |
| | | | 6. State Oil & Gas Lease No. | | | | |
| SUNDRY NOTICE | S AND REPORTS ON WE | 11.0 | 31111111111111111111111111111111111111 | | | | |
| I DO MOLOSE THIS FORM FOR PROPO | N OP BLUG BACK TO A | | | | | | |
| DIFFERENT DESERVO | IR. USE "APPLICATION FOR PE) FOR SUCH PROPOSALS.) | ERMIT | 7. Lease Name or Unit Agreement Name | | | | |
| 1. Type of Well: | | | Vacuum abolinit Btry 4 Tr. 1 | | | | |
| MET. X MET. | OTHER | | Vac Abo | | | | |
| 2. Name of Operator | | | 8. Well No. | | | | |
| Phillips Petroleum Compa 3. Address of Operator | iny | | 1-9 | | | | |
| HC 60 Box 66 Lovington NM 88260 | | | 9. Pool name or Wildcat | | | | |
| 4. Well Location | M 88260 | | Vacuum abs Keef | | | | |
| Unit Letter : 1650 Feet From The FS Line and 1650 F. F. | | | | | | | |
| 77 | | | Feet From The FE Line | | | | |
| Section 2/ | Township 17 S Ra | ange 35 E | IMPM County | | | | |
| | 10. Elevation (Show whether | DF, RKB, RT, GR, etc.) | | | | | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | | | | | | |
| NOTICE OF INTEN | TION TO: | SUBSEQUENT REPORT OF: | | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING | | | | |
| TEMPORARILY ABANDON CHANGE PLANS | | COMMENCE DRILLING | OPNS. DPLUG AND ABANDONMENT | | | | |
| PULL OR ALTER CASING | | CASING TEST AND CEN | MENT JOB | | | | |
| OTHER: | | OTHER: Cella | anspection of | | | | |
| 17 Pascribe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. | | | | | | | |
| 1) Install risers on casing to surface (2") | | | | | | | |
| 2) Banded all valves (Sur, Imed, or Prod) | | | | | | | |
| - • | ean and fill cellars | | | | | | |

| I hereby certify that the information above is true and complete to the best of my knowledge and be | did. | |
|---|-------------------------|-----------------|
| SIONATURE THE MELLINE TITLE | SR Oil & Gas Supervisor | _ DATE 12/21/97 |
| TYPE OR PRINT NAME | | TELEPHONE NO. |
| (This space for State Use) | | |

DIL & GAS INSPECTOR

FEB 25 1903

CONDITIONS OF APPROVAL, IF ANY: