## CORRECTION

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 Office						
DISTRICT I P.O. Box 1980, Hobbs NM 88240  OIL CONSERVATION DIVISION P.O. Box 2088				WELL API NO.		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			** 30-025-26382  5. Indicate Type of Lease			
DISTRICT III					STATE X	FEE .
1000 Rio Brazos Rd., Aztec, NM 8741	0			6. State Oil & G	is 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"				7. Lease Name of	or Unit Agreement Name	
(FORM C-101) FOR SUCH PROPOSALS.)				EAST VACU	JM GB/SA UNIT	
1. Type of Well: OIL GAS WELL OTHER X WATER INJECTOR				TRACT 2801		
2. Name of Operator  Dhilling Potroloum Company				8. Well No. 005		
Phillips Petroleum Company  3. Address of Operator				9. Pool name or Wildcat		
4001 Penbrook Street, Odessa, TX 79762				VACUUM GRAYBURG/SAN ANDRES		
4. Well Location Unit Letter L : 13	10 Feet From The W	EST	Line and26	Fect Fro	m The SOUTH	Line
Section 28	Township 17-S	Ras	nge 35-E	NMPM	LEA	County
	10. Elevation (Show	whethe	r DF, RKB, RT, GR, etc	:.)		
11. <b>Check A</b>	//////////////////////////////////////		' DF; 3968' RKE		_ <u>\</u> \///////////////////////////////////	
	Appropriate Box to Indi	icate 1	1	- 1	TREPORT OF	<b>:</b> •
NOTICEOF	INTENTION TO.	_	306	JEQUEN I	NEPONT OF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	X	ALTERING CASING	L
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDON	MENT _
PULL OR ALTER CASING CASING TES			CASING TEST AND CE	MENT JOB		
OTHER:			OTHER: RTP		<del></del>	
12. Describe Proposed or Completed O work) SEE RULE 1103.	perations (Clearly state all pertin	ent deta	ils, and give pertinent dat	tes, including estim	ated date of starting an	y proposed
00/04/07 TDACT 2801	SEC. 28, T-17-S, R-3	35_E	LEA COUNTY N	M DTD ANIV	ומע אשמת אמו	E WODY
09/04/97 TRACT 2801, CHART ATTACH	-	35-E,	LEA COUNTY, NO	1, KIP UNLT	, NU DUWN HULI	: WURK,
** THIS FORM C-	103 IS SENT TO CORRE	ECT A	PI NUMBER WHICH	I WAS REPOR'	TED INCORRECTL	Υ.
I hereby certify that the information above i	is true and complete to the hest of much	nowledge	and helief			
SIGNATURE AS L		_	E <u>Senior Regula</u>	tion Analys	t DATE 10/01/	97
TYPE OR PRINT NAME Larry M. Sa			-	·	TELEPHONE NO. (915)	
	L SELLED BY CHAIS WILL.	Al.ie		.==.		
	ESEMED STOMARS WILL! ISTAICT I SUPERVISOR	CHAIN 🥦			்த் தடத் முத் நம்	20,000
APPROVED BY		TITL	.E		DATE	7597
CONDITIONS OF APPROVAL, IF ANY:		_				

200N



