

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.	30-025-26516
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1839-1
7. Lease Name or Unit Agreement Name	EAST VACUUM GB/SA TRACT 2738
8. Well No.	006
9. Pool name or Wildcat	VACUUM GRAYBURG/SAN ANDRES

1. Type of Well:	10. Elevation (Show whether DF, RKB, RT, GR, etc.)		
OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER WATER INJECTION	3941.9' GL, 3933.0' GR

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.)

2. Name of Operator	Phillips Petroleum Company
3. Address of Operator	4001 Penbrook Street, Odessa, TX 79762
4. Well Location	Unit Letter <u>D</u> : <u>1310</u> Feet From The <u>WEST</u> Line and <u>10</u> Feet From The <u>NORTH</u> Line
Section <u>27</u>	Township <u>17-S</u> Range <u>35-E</u> NMPM <u>LEA</u> County

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: RTP ☐

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.

08/22/96 PULL TUBING, REPAIR HOLE IN TUBING, COOH, 8/22/96 RUN PRESSURE CHART
F/30 MINUTES -- OK. RETURN TO INJECTION.

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

SIGNATURE [Signature] TITLE Senior Regulation Analyst DATE 09/04/96
TYPE OR PRINT NAME Larry M. Sanders TELEPHONE NO. (915) 368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE SEP 06 1996
CONDITIONS OF APPROVAL, IF ANY: