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CONDITIONS OF APPROVAL, IF AN

## State of New Mexico

Form C-103

DATE

Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-26569 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE 🗌 STATE X DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B-2388 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) EAST VACUUM GB/SA UNIT 1. Type of Well: **TRACT 2059** ÓIL WELL GAS WELL OTHER WATER INJECTION 8. Well No. 2. Name of Operator 003 Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762 **VACUUM GRAYBURG/SAN ANDERS** 4. Well Location NORTH 1330 WEST 2630 Unit Letter Feet From The Line and Feet From The Line ship 17 S Range 35 E N 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township County Section 3975.5' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON ALTERING CASING PERFORM REMEDIAL WORK REMEDIAL WORK PLUG AND ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: AMEMDED REPORT OTHER: \_ 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. 5/04/95 AMENDED TO CHANGE CIBP SETTING DEPTH REPORTED ON C-103 FILED 5/09/95 CIBP SETTING DEPTH SHOULD BE 4533' INSTEAD OF 4583'. PLUG #4. SHOULD READ: PUMP PLUG #4. 30 SXS CLASS "C" 14.8 PPG. 1.32 CFPS. INTERVAL 403'- 3'. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATION SPECIALIST SIGNATURE ( TYPE OR PRINT NAME TELEPHONE NO.Q 1 5 (This space for State Use)

TITLE