

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 88241-1980
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-26651
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-1320
7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT TRACT 3229
8. Well No. 008
9. Pool name or Wildcat VACUUM GRAYBURG/SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3961' 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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION	2. Name of Operator Phillips Petroleum Company	3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	4. Well Location Unit Letter N : 1300 Feet From The SOUTH Line and 2400 Feet From The WEST Line Section 32 Township 17-S Range 35-E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3961' GR			

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: **REPAIR TUBING/PACKER LEAK** ☒

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.

01/26/98 WELL PULLED FOR TUBING/PACKER LEAK AND CASING REPAIR. EVERYTHING BACK IN HOLE
AT ORIGINAL DEPTH. RAN CHART.

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

SIGNATURE *Larry M. Sanders* TITLE Senior Regulation Analyst DATE 01/29/98
TYPE OR PRINT NAME Larry M. Sanders TELEPHONE NO. (915)368-1488

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR

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