

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-26685
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2273-2
7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT TRACT 3456
8. Well No. 009
9. Pool name or Wildcat VACUUM GRAYBURG/SAN ANDRES

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 <input checked="" type="checkbox"/> WATER INJECTION
2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762
4. Well Location Unit Letter F : 2500' Feet From The WEST Line and 1400' Feet From The NORTH Line Section 34 Township 17-S Range 35-E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3919' GR. 3947' RKB

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: LOCATE & REPAIR TUBING/CASING LEAK <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

**09/19/00 DUE TO FAILURE OF BRADENHEAD TEST WELLHEAD ASSY WILL BE CHECKED AND WSU
WILL RU & DETERMINE WHETHER THERE'S A TUBING OR CASING LEAK AND REPAIR SAME.**

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 09/19/00
TYPE OR PRINT NAME Larry M. Sanders TELEPHONE NO. (915)368-1488

(This space for State Use)

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