State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.
30-025-26686

5. Indicate Type of Lease   STATE ☒   FEE ☐

6. State Oil & Gas Lease No.
B-2273-2

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.)

7. Lease Name or Unit Agreement Name
EAST VACUUM GB/SA UNIT
TRACT 3456

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator
Phillips Petroleum Company

8. Well No.
10

3. Address of Operator
4001 Penbrook Street Odessa, TX 79762

9. Pool name or Wildcat
VACUUM GRAYBURG/SAN ANDRES

4. Well Location
Unit Letter F : 2450 Feet From The NORTH Line and 2450 Feet From The WEST Line

Section 34 Township 17S Range 35E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3926' GR

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON ☐	REMEDIAL WORK	☐	ALTERING CASING ☐
TEMPORARILY ABANDON	☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING	☐		CASING TEST AND CEMENT JOB ☐		
OTHER: _____	☐		OTHER: REACTIVATE		☒

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.

06/08/99 WELL TA'D DECEMBER 1998 DUE TO LOW OIL PRICES. NOW ECONOMIC TO OPERATE WITH CURRENT OIL PRICES.

06/20/99 MIRU DDU DRL OUT CIBP, GIH W/SUB, START PMPG, RDMO DDU RECORDED 99 OIL 1748 WTR 499 GAS, DROP F/REPORT.

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

SIGNATURE _____   TITLE Senior Regulation Analyst   DATE 06/24/99

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

(This space for State Use)

ORIGINAL

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCNG