

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.	30-025-26858
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. B-1404-3	
7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT TRACT 2418	
8. Well No. 002	
9. Pool name or Wildcat VACUUM GB/SA	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3992' 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 P : 40' Feet From The SOUTH Line and 260' Feet From The EAST Line Section 24 Township 17-S Range 34-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3992' 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: PACKER LEAK, REPLACE PACKER ☒

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.

11/12/97 TRACT 2418, SECTION 24, T17S, R34E, LEA COUNTY, NEW MEXICO
PACKER LEAK, REPLACED PACKER, AND 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 11/18/97

TYPE OR PRINT NAME Larry M. Sanders

TELEPHONE NO. (915) 368-1488

(This space for State Use)

APPROVED BY

ORIGINAL SIGNATURE OF STATE WILLIAMS
DATE 11/18/97

TITLE

DATE

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CONDITIONS OF APPROVAL, IF ANY:

