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CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103 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 30-022-26924 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🗌 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B-1839 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 2738** WELL X WELL 🗌 OTHER 8. Well No. 2. Name of Operator 009 Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762 **VACUUM GB/SA** 4. Well Location 1400 Feet From The NORTH 50 WEST Unit Letter Line and Feet From The Line ship 17 S Range 35 E N 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township **NMPM** 3944.7' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: X PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: 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. MIRU. NU BOP. SET 5-1/2" CIBP AT 4350'. CIRCULATE CSG W/9.5 MUD-LADEN FLUID. SPOT PLUG NO. 1 (55 SX CMT) 4350'-3975'. COVERS THE GB/SA. 2. SPOT PLUG NO. 2 (25 SX CMT) 2890'-2790'. COVERS THE YATES. 3. SPOT PLUG NO. 3 (25 SX CMT) 1738'-1638'. COVERS THE SALT TOP AND SURFACE SHOE. 4. SPOT PLUG NO. 4 (45 SX CMT) 419'-3'. 5. CUT OFF CASING 3' BELOW GROUND LEVEL. INSTALL MONUMENT MARKER. PERFORM RECLAMATION WORK. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE SUPERVISOR, REG. AFFAIRS DATE 3/3/95 SIGNATURE _ TELEPHONE NO.915/368-1488 TYPE OR PRINT NAME SANDERS (This space for State Use) Orig. Signed by MAR 07 1995 Paul Kapin

TITLE

Geologie



DATE