

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.	03-025-26994
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1399-10
7. Lease Name or Unit Agreement Name	EAST VACUUM GB/SA UNIT TRACT 2913
8. Well No.	009
9. Pool name or Wildcat	VACUUM GRAYBURG/SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3968' 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 ☐

GAS
WELL ☐

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 0 : 1150 Feet From The SOUTH Line and 2500 Feet From The EAST Line

Section 29 Township 17S Range 35E NMPM LEA County

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: MECHANICAL INTEGRITY TEST ☒

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.

07/24/2000 RAN MECHANICAL INTEGRITY TEST (CHART ATTACHED) - MIT WITNESSED.

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

SIGNATURE [Signature] TITLE Senior Regulation Analyst DATE 08/28/2000

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:

SEP 5 2000

JCS

