

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.  
**30-025-27115**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
**B-1492**

7. Lease Name or Unit Agreement Name  
**EAST VACUUM GB/SA UNIT  
TRACT 2622**

8. Well No.  
**005**

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Wt Injector</u>			
2. Name of Operator <b>Phillips Petroleum Company</b>			
3. Address of Operator <b>4001 Penbrook Street, Odessa, TX 79762</b>			
4. Well Location Unit Letter <u>C</u> : <u>340'</u> Feet From The <u>FNL</u> Line and <u>2300'</u> Feet From The <u>FWL</u> Line Section <u>26</u> Township <u>17-S</u> Range <u>35-E</u> NMPM <u>LEA</u> County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3914.2' GR</u>			

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: CHANGE OUT PACKER & 1 JT TBG ☒

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.

**05/01/97 CHANGED OUT PACKER & 1 JT. TBG, HOLE IN ON-OFF TOOL, RUN CHART.**

*thy + still  
per @ 4/13*

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 05/08/97

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY LARRY SANDERS TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

