Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSERVATION DIVISION 30-025-27426 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE x Santa Fe, NM 87505 FEE District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-1040-7 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) EAST VACUUM GB/SA UNIT 1. Type of Well: TRACT 2206 Oil Well X Gas Well Other 2. Name of Operator 8. Well No. Phillips Petroleum Company 001 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street Odessa, TX VACUUM GB/SA 4. Well Location 1980 feet from the\_ SOUTH 1980 line and feet from the line Section 22 Township 17-S Range 35-E **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3939.2' GL 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 **MULTIPLE** CASING TEST AND COMPLETION CEMENT JOB OTHER: OTHER: RUN CSG INTEGRITY TEST - REQUEST TA STATUS ſχ 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 7/06/94 CIBP WAS SET AT 4523'. 4/03/01 RAN CASING INTEGRITY TEST (CHART ATTACHED). REQUEST 5 YEAR T.A. STATUS FOR WELL. This Approval of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. SUPERVISOR REG. & PROR. DATE\_ 4/09/01 Type or print name L. M. SANDERS Telephone No. (915) 368-1488 OWNER ALPHY (This space for State use)

FIELDHENI

TITLE

APPROVED BY\_

Conditions of approval, if any:

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DATE



