

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. <b>30-025-30020</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>A-1320</b>
7. Lease Name or Unit Agreement Name <b>EAST VACUUM GB/SA UNIT TRACT 3202</b>
8. Well No. <b>019</b>
9. Pool name or Wildcat <b>VACUUM GB/SA</b>

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	
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 <b>G</b> : <b>2065</b> Feet From The <b>NORTH</b> Line and <b>2540</b> Feet From The <b>EAST</b> Line Section <b>32</b> Township <b>17-S</b> Range <b>35-E</b> NMPM <b>LEA</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3961' GR</b>	

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: **SWAB TEST F/REACTIVATION POTENTIAL** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

09/19/00 FAILURE OF BRADENHEAD TEST DUE TO LENTH SI. WELLHEAD ASSY WILL BE CHECKED, PRESSURE TEST CSG, RUN CSG INSPECTION LOG AND CMT BOND LOG & FREEPOINT. WILL SWAB TEST F/ REACTIVATION POTENTIAL.

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

SIGNATURE *L. M. Sanders* TITLE **SUPV., REGULATION/PRORATION** DATE **09/19/2000**  
TYPE OR PRINT NAME **L. M. SANDERS** TELEPHONE NO. **(915) 368-1488**

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

Received  
Hobbs  
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