

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO. <b>30-025-30280</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-1576-3</b>
7. Lease Name or Unit Agreement Name: <b>EAST VACUUM GB/SA UNIT TRACT 3229</b>
8. Well No. <b>012</b>
9. Pool name or Wildcat <b>VACUUM GB/SA</b>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3970' GR</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 ☒ Gas Well ☐ Other

2. Name of Operator  
**Phillips Petroleum Company**

3. Address of Operator  
**4001 Penbrook Street, Odessa, TX 79762**

4. Well Location  
Unit Letter **L** : **2630'** feet from the **SOUTH** line and **569'** feet from the **WEST** line  
Section **32** Township **17-S** Range **35-E** NMPM County **LEA**

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

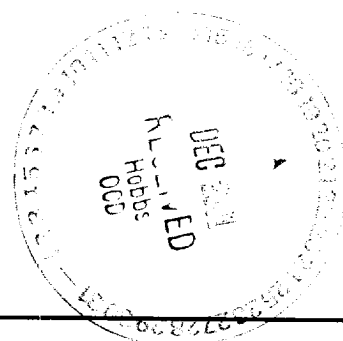
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐

OTHER: **REACTIVATE** ☒

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.

12/01 - WELL REACTIVATED FROM SHUT-IN STATUS.

12/13/01 - 24 HOUR TEST (0.3 BOPD, 125.9 BWPD & 754 MCFPD).



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

SIGNATURE *L. M. Sanders* TITLE SUPERVISOR, REG./PROR. DATE 12/16/01

Type or print name L. M. SANDERS Telephone No. (915) 368-1488

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 9 2002  
Conditions of approval, if any: