| Submit 3 Copies To Appropriate District Office   | 3 Copies To Appropriate District State of New Mexico |   |   | Form C-103                          |  |
|--|--|---|---|-------------------------------------|--|
| District I   |  |   |   | Revised March 25, 1999 WELL API NO. |  |
| 625 N. French Dr., Hobbs, NM 87240 District II OIL CONSERVATION DIVISION   |  |   | 30-025-30280                            |                                     |  |
| District III 2040 South Pacheco  |  |   | 5. Indicate Type of Le                  | 1                                   |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV  |  | STATE X                                 | FEE                                     |                                     |  |
| 2040 South Pacheco, Santa Fe, NM 87505   |  |   | 6. State Oil & Gas Lea<br>B-1576-3      | ase No.                             |  |
| 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  |  |   | 7. Lease Name or Unit Agreement Name:   |                                     |  |
| PROPOSALS.) 1. Type of Well:   |  |   |   | EAST VACUUM GB/SA UNIT              |  |
| Oil Well X Gas Well Other  |  |   | TRACT 3229                              |                                     |  |
| 2. Name of Operator  |  |   | 8. Well No.                             |                                     |  |
| Phillips Petroleum Company   |  |   | 012                                     |                                     |  |
| 3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762  |  |   | 9. Pool name or Wildcat<br>VACUUM GB/SA |                                     |  |
| 4. Well Location   | . IX 1310C   |   | T PACOUNT GD/ JA                        |                                     |  |
| Unit Letter L:   | 2630' feet from the                                  | SOUTH line and                          | 569' feet from th                       | ne <u>WEST</u> line                 |  |
| Section 32   |  | S Range 35-E                            |   | County LEA                          |  |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3970' GR  |  |   |   |                                     |  |
| 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                           | A                                       | LTERING CASING [                    |  |
| TEMPORARILY ABANDON  | CHANGE PLANS   | COMMENCE DRILL                          |   | PLUG AND<br>ABANDONMENT             |  |
| PULL OR ALTER CASING   | MULTIPLE<br>COMPLETION                               | CASING TEST AND CEMENT JOB              |   |                                     |  |
| OTHER: CK REACTIVATION POTENT  | IAL OF SI WELL                                       | 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. |  |   |   |                                     |  |
| <del></del>  | REACTIVATION POTENTIAL<br>TO BE UNECONOMIC, IT W     |   |   |                                     |  |
| BE MADE TO PLUG THE WELL. IF THE WELL IS FOUND TO HAVE REACTIVATION POTENTIAL, IT WILL BE ACIDIZED AND PUT ON PUMP.  |  |   |   |                                     |  |
|  |  |   |   |                                     |  |
|  |  |   |   |                                     |  |
|  |  |   |   |                                     |  |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |   |   |                                     |  |
| SIGNATURE /  | leton for  | TYTLE Senior Regulati                   | ion Analyst DA                          | ΠE 12/08/00                         |  |
| Type or print name Larry M. Sander   |  |   | Telephone l                             | No. (915)368-1488                   |  |
| (This space for State use)   |  |   |   | is the state of                     |  |

TITLE

\_DATE\_

APPROVED BY Conditions of approval, if any: