

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-34832

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease 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 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

8. Well No.

395

9. Pool name or Wildcat

VACUUM GRAYBURG SAN ANDRES

4. Well Location

Unit Letter I : 2630 Feet From The SOUTH Line and 575 Feet From The EAST Line

Section 31 Township 17-S Range 35-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3976'

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 ☐

CASING TEST AND CEMENT JOB ☒

OTHER: ☐

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.

05/03/00 MIRU UTI Drllg. rig #157, spud @ 3 PM MST, notified Sylvia OCD @ 0800.
drld. & surveyed F/0-1137'.

05/04/00 Drld. & surveyed F/1137-1565', circ, POOH, LDDC, run 37 jts. 8-5/8" 24# K-55 STC
csg. to 1565'. Cmt w/815 sx C1 "C", circ 112 sx to res. pit., WOC.

05/05/00 NU BOP & FL, test BOPS, TIH, drill cmt F/1520-1565'. Drld. & svy. F/1565-2399'.

05/06/00 Drld. & Svy. F/2399-3270'.

05/07/00 Drld. & Svy. F/3270-3850'.

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 05/22/00

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE MAY 26 2000

CONDITIONS OF APPROVAL, IF ANY: