

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.

30-025-34833

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

MC20353

7. Lease Name or Unit Agreement Name

VACUUM GB/SA UNIT EAST TRACT 3127

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.

396

9. Pool name or Wildcat

VACUUM GRAYBURG/SAN ANDRES

4. Well Location

Unit Letter J : 2630 Feet From The SOUTH Line and 1950 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' GL

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: ☐

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.

05/01/00 Lost circ. Gained full returns, circ, RU Schlumberger to run OH logs.

05/02/00 Ran logs, ran 107 jts. 5-1/2" 15.5# K-55 LTC csg., tagged TD @ 4850'.

05/03/00 Circ, cmt w/800 sx + 150 sx. Ret'd. 89 sx to surf. NDBOP, tested WH, rel rig @ 8:30 P.M. MST. Tested WH to 2000 psi-OK.

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

SIGNATURE Chris Williams TITLE SUPV., REGULATION/PRORATION DATE 05/08/00

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

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
SUPERVISOR

APPROVED BY _____ TITLE _____ DATE May 11 2000

CONDITIONS OF APPROVAL, IF ANY: