

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.
30-025-34835

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
MC20353

7. Lease Name or Unit Agreement Name
EAST VACUUM GB/SA UNIT TRACT 3127

8. Well No.
398

9. Pool name or Wildcat
VACUUM GRAYBURG/SAN ANDRES

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 J : 1350 Feet From The SOUTH Line and 2140 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.)
3980' 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: LOCATION CORRECTION ☒

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.

ORIGINALLY STAKED AS 1350' FSL & 2165' FEL, LOCATION MOVED 25' IN ORDER TO
STAY CLEAR OF OVERHEAD POWERLINES. NEWLY STAKED LOCATION IS 1350' FSL & 2140' FEL.

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

SIGNATURE Christie A. Sanders: L.M.S. TITLE SUPV., REGULATION/PRORATION DATE 03/21/00

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

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: