

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. <b>30-025-31443</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>NM-86710</b>
7. Lease Name or Unit Agreement Name <b>LOST TANK SWD</b>
8. Well No. <b>1</b>
9. Pool name or Wildcat <b>LOST TANK DELAWARE</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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>SWD</b>	
2. Name of Operator <b>Phillips Petroleum Company</b>	
3. Address of Operator <b>4001 Penbrook Street, Odessa, TX 79762</b>	
4. Well Location Unit Letter <b>E</b> : <b>1980'</b> Feet From The <b>NORTH</b> Line and <b>660'</b> Feet From The <b>WEST</b> Line Section <b>31</b> Township <b>21-S</b> Range <b>32-E</b> NMPM <b>LEA</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3648 GR</b>	

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: **PRESSURE/INTEGRITY TEST** ☒

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.

05/12/98 RAN PRESSURE/INTEGRITY TEST, PRESS T/440 HELD 15 MIN, BLED T/O, CP.  
WITNESSED BY NMOC REP, CHARLIE PRITTEN, CHART ATTACHED.

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

SIGNATURE *Larry M. Sanders* TITLE Senior Regulation Analyst DATE 05/20/98  
TYPE OR PRINT NAME Larry M. Sanders TELEPHONE NO. (915)368-1488

(This space for State Use)

APPROVED BY CHRIS WILLIAMS  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: