Submit 3 Copies to Appropriate	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
District Office DISTRICT I	OIL CONSERVATION DIVISION		WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088			
		30-025-03063 V	
P.O. Drawer DD, Artesia, NM \$1210			5. Indicate Type of Lesse STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Losse No. E-6504
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.)			7. Lease Name or Unit Agreement Name
1. Type of Well:			Vacuum Abo Unit
OL GAS WELL) OTHER		Btry 1, Tract 14
2. Name of Operator			8. Well No.
Phillips Petroleum	Company		1
3. Address of Operator			9. Pool name or Wildcat
4001 Penbrook Street, Odessa, TX 79762			Vacuum Abo Reef
4. Well Location Unit Letter $K_{1}: 19$	80 Feet From The South	Lise and 1980	Foot From The West Line
Section 5 Township 18-S Range 35-E NMPM Lea County			
Section 5	10WBanip 18-3 R		
	3958' GR		
11. Check	Appropriate Box to Indicate	Nature of Notice, R	eport. or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
		REMEDIAL WORK	
PULL OR ALTER CASING			
OTHER:		OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give persinent dates, including estimated date of starting any proposed			
1. MI and RU DDU. COOH with rods (if applicable). Install BOP. COOH with tubing (if applicable).			
2. If a pressure bomb was not run previously due to rods in the hole, run in with bomb to top of perforations. Obtain 1 hour shut-in pressure. COOH.			
3. RIH with CIBP on workstring. Set CIBP no more than 100' above top perforation.			
4. Fill casing with inhibited brine, test to 500 psi, and record chart.			
I hereby cartify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE M. Manden TILE Supervisor, Reg. Affairs 8/24/92			
TYPE OR FRINT NAME L. M. Sa	nders		915/ Telephone No. 368-1488
This man for State Helpincinial SIGN			AUG 27 '92
ATTROVED BY		u	DATE