State of New Mexico

to Appropriate District Office	Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION		Revised 1-1-89
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240			WELL API NO.
1.0. DOX 2000		30-025-20160 /	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. E-6704
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:	-101) FOR SUCH PROPOSALS.)		Vacuum Abo Unit
OF AST	OTHER		Btry 1, Tract 15
2. Name of Operator			8. Well No.
Phillips Petroleum Company			4
3. Address of Operator			9. Pool name or Wildcat Vacuum Abo Reef
4001 Penbrook Street, Odessa, TX 79762			vacuum Abo Reei
Unit Letter E: 1650 Feet From The North Line and 330 Feet From The West Line			
Section 8 Township 18-S Range 35-E NMPM Lea County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
(/////////////////////////////////////			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQ			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON X CHANGE PLANS COMMENCE DRILLING OP			GOPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE			EMENT 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.			
 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.			
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. Supervisor, Req. Affairs, 8/24/92			
SIGNATURE	10000 m	P Subervisor,	
TYPE OR PRINT NAME L. M. Sal	nders		915/ TELEPHONE NO. 368-1488
(This space for State Use) ORIGINAL SIGN	ED BY JERRY SEXTON		AUG 27'92
APPROVED BYDISTRICT	1 SUPERVISOR III	LE	DATE —————

CONDITIONS OF AFFROVAL, IF ANY: