Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 **Revised 1-1-89** 

MAY C .: 1994

DISTRICT I

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240  P.O. Box 2088  DISTRICT II 1000 Rio Brazos Rd., Aziec, NM 87410  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.)		WELL API NO. 30-025-26928
		5. Indicate Type of Lease STATE X FEE
		6. State Oil & Gas Lesse No. B-2131
		7. Lease Name or Unit Agreement Name
1. Type of Well: OL GAS WELL GAS WELL OTHER Water :		East Vacuum Gb/SA Unit Tract 0449
2 Name of Operator Phillips Petroleum Company		8. Well No. 002
Address of Operator     4001 Penbrook Street, Odessa, TX 79762      Well Location		9. Pool name or Wildcat Vacuum. Gb/SA
	Line and	Feet From The West Line
Section 4 Township 18S Ran	ge 35E N	MPM Lea County
10. Elevation (Show whather DF, RKB, RT, GR, etc.) 3949.5' GL; 3960'		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON X	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
LL OR ALTER CASING CASING TEST AND CEMENT JO		MENT 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.		
1. MIRU DDU. NU Class I BOP. GIH w/2-3/8" workstring to PBTD 4350' (CIBP). Circulate 5-1/2" casing with 9.5 ppg mud-laden fluid.		
2. Spot Plug No. 1 (45 sx cement) 4045'-4350'. This will cover the Grayburg and San Andres.		
<ol> <li>Spot Plug No. 2 (25 sx cement) 2766'-2</li> <li>Spot Plug No. 3 (25 sx cement) 1664'-1</li> <li>Spot Plug No. 4 (45 sx cement) 3'-400' water board and surface plug.</li> </ol>	1764'. This w	ill cover the salt top.
10		
I hereby certify that the information above is true and complete to the best of my knowledge and b		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
SKINATURE TITL	supv.Regulat	ory Affairs DATE 04-29-94 (915)
TYPEORPRINTNAME L. M. Sanders		TELEPHONE NO. 368-1488
(This space for State Use)	ORIGINAL	y se se de regist <b>i (188</b> Le constant

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APPROVED BY ..... CONDITIONS OF AFFROVAL, IF ANY:

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TOFFICE