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 88240 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-02858 5. Indicate Type of Lesse	
DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410			
			STATE X FEE 6. State Oil & Gas Lesse No. B-2735
			<u> </u>
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: OIL GAS OTHER			East Vacuum Gb/SA Unit Tract 2271
2. Name of Operator Phillips Petroleum Company			8. Well No. 002
3. Address of Operator			9. Pool name or Wildcat
4001 Penbrook Street, Odessa, TX 79762			Vacuum Gb/SA
Unit Letter : 660	Feet From The	Line and 660	Feet From The Lin
Section 22			NMPM Lea County
	10. Elevation (Show whether 3939' GL	DF, RKB, KT, GR, etc.)	
11. Check /	Appropriate Box to Indicate	Nature of Notice, R	leport, or Other Data
NOTICE OF INT	ENTION TO:	SUE	SEQUENT REPORT OF:
		REMEDIAL WORK	ALTERING CASING
			G OPNS. 🔲 PLUG AND ABANDONMENT
PULL OR ALTER CASING			
OTHER: Swab Test	X	OTHER:	
12. Describe Proposed or Completed Operativork) SEE RULE 1103.	tions (Clearly state all pertinent details, a	nd give pertinent dates, inclu	uding estimated date of starting any proposed
•		Le). NU BOP.	Release TAC and COOH with
<ol> <li>RIH with casing s</li> <li>RIH w/packer to +</li> </ol>	craper to +/- 50' ab /- 50' above top per	foration or o	pration or openhole interval openhole interval. Set pkr
	to verify casing in r 1 day. If decision		TA, go to Step 5. COOH,
ND BOP, RD DDU an	d wait on reactivati	lon procedure.	
			t CIBP within 100' of inhibited fluid containing
	me. COOH with tubir		test to 500 psi and record
• · ·	<u></u>		
I hereby certify that the information above is true			
SIGNATURE	and T	Supv. Regul	atory Affairs 05-20-94
TYPE OR PRINT NAME L. M. San	ders		(915) TELEPHONE NO. 368-148
(This spece for State Uee)		ORIGINAL SIGNED B	
CONDITIONS OF APPROVAL, IF ANY:	π		DATE

SERVED

MAY 2 3 1994

OFFICE