Submit 3 Copies to Appropriate District Office

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

Form C-103 Revised 1-1-89

CONDITIONS OF AFFROYAL, IF ANY:

OT CONSEDUATION DIVISION

DISTRICT I P.O. Box 1980, Hobbs, NM \$8240  P.O. Box 2088  DISTRICT II P.O. Drawer DD, Artesia, NM \$8210  Santa Fe, New Mexico 87504-2088			WELL API NO. 30-025-02865  5. Indicate Type of Lease STATE X FEE	
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: OL GAS WELL X WELL		East Vacuum Gb/SA Unit Tract 2576		
2 Name of Operator Phillips Petroleum Company			8. Wali No. 001	
3. Address of Operator 4001 Penbrook Street	2	9. Pool same or Wildcat Vacuum Gb/SA		
4. Well Location	50 Feet From The North	Line and 330	Feet From The	West Line
Section 25		Range 35-E	NMPM Lea	County
	/////// 3920'GF	l	///	
	Appropriate Box to Indicate	Nature of Notice, F	Report, or Other Da	ita
NOTICE OF INTENTION TO:		SU	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IGOPNS. L. PLL	JG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND	EMENT JOB	Ш
OTHER: Swab Test	<u> </u>			
production tubin 2. RIH with casing 3. RIH w/packer to and load backsid 4. Swab test well f ND BOP, RD DDU a 5. COOH with packer perforated or or 1% TH-370 by vol ND BOP. RD DDU.	LD rods (if applicating (if applicating (if applicable).  scraper to +/- 50';  +/- 50' above top pole to verify casing for 1 day. If decise and wait on reactivate. RIH with CIBP on benhole interval. Flume. COOH w/tubing	above top perference or integrity. ion is made to tion procedure workstring. ill casing wit. Pressure te	Release TAC cration or open openhole inter TA, go to State Set CIBP with h inhibited f st to 500 psi	and COOH with enhole interval. rval. Set pkr. ep 5. COOH, in 100' of luid containing and record chart
TYPE OR PRINT NAME L. M. S	anders			TELEPHONE NO. 368-1488
(This space for State Use)		ORIGINAL SIGNAL	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	- DATE
APPROVED BY		11112		

## RECEIVE

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OFFICE