

## O CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

API No. 30-025-02890

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1482	

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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>	7. Unit Agreement Name East Vacuum Gb/SA Unit
1. Name of Operator Phillips Petroleum Company			8. Farm or Lease Name East Vac.Gb/SA Ut. Tr. 2720
3. Address of Operator Room 401, 4001 Penbrook St., Odessa, Texas 79762			9. Well No. 002
4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM East 27 17-S 35-E THE LINE, SECTION TOWNSHIP RANGE NMPM.			10. Field and Pool, or Wildcat Vacuum Gb/SA
15. Elevation (Show whether DF, RT, GR, etc.) 3935' GR			12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Shut well in <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Well uneconomical to produce. Temporarily shut in pending future use in enhanced recovery project.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED W. J. Mueller TITLE \_\_\_\_\_ DATE January 17, 1985APPROVED BY Derry TITLE DISTRICT 1 SUPERVISOR DATE JAN 22 1985

CONDITIONS OF APPROVAL, IF ANY:

64-110001/22/86