Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

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

Form C-103 Revised 1-1-89

District Office			
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II			30-025-02910
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			A-1320
(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
			EAST VACUUM GB/SA UNIT
1. Type of Well: OIL GAS WELL X WELL	OTHER		TRACT 2801
2. Name of Operator			8. Well No.
Phillips Petroleum Company			009
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762			9. Pool name or Wildcat VACUUM GB/SA
4. Well Location Unit Letter N: 66	O Feet From The SOUTH	Line and 19	92 Feet From The WEST Line
Section 28	Township 17S Ra	nge 35E	NMPM LEA County
	10. Elevation (Show whether	er DF, RKB, RT, GR, etc	
		3945' GR	
11. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other Data
NOTICE OF I	NTENTION TO:	SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN		COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	Of Particle 1 Control	CASING TEST AND CE	
OTHER: CONVERT TO WATER I	NJECTION. X	OTHER:	
			ies, including estimated date of starting any proposed
2. RIH W/SLM. IF NEED UNIT.	-	IF OVER 50' 0	AND COOH W/TBG (IF APPLICABLE). F FILL IS FOUND, MI & RU REVERSE
	ER TO 50° ABOVE OPENHOLI BOVE OPENHOLE INTERVAL.		OH. D LOAD BACKSIDE TO VERIFY CASING
	ST ALL SURFACE LINES TO	3500#.	
6. SWAB. COOH W/PKR A	AND WORKSTRING. RIH W/E	BAKER LOK-SET P	KR ON 2-7/8" TBG. SET PKR @50' ( SSURE TEST TO 500 PSI., AND RECO
CHART.	•	·	AND PRESSURE UNTIL WELL STABLIZES
I hereby certify that the information above is	true and complete to the best of my knowledge	and belief.	
SIGNATURE . M.	ruber m	E SUPERVISOR, R	REG. AFFAIRS DATE 11/07/94
TYPE OR PRINT NAME   M SANDE	RS		TELEPHONE NO.915/368-1488
(This space for State Use)			
A DOBONTEN BY	THE STATE OF STATE OF THE STATE		<u>.</u> N∂V € 0 1 <b>994</b>
APPROVED BY	TITI	#	DATE