Submit 3 Copies To Appropriate District Office	State of N	Form C-10 ₋							
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources				Revised March 25, 1999 WELL API NO.				
District II	OIL CONSERVATION DIVISION				WELL API NO. 30-025-02936				
811 South First, Artesia, NM 87210 District III	2040 South Pacheco				5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410 Distric: IV	Santa Fe, NM 87505				STATE X FEE				
2040 South Pacheco, Santa Fe, NM 87505	h Pacheco, Santa Fe, NM 87505					6. State Oil & Gas Lease No. B-2423			
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: EAST VACUUM GB/SA UNIT				
1. Type of Well: Oil Well X Gas Well	ll Other				TRACT #2963				
2. Name of Operator					8. Well No.				
Phillips Petroleum Company					001				
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762 4. Well Location					9. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES				
Unit Letter M :	660 feet from the	SOU	ITH	line and	660	feet from the_	WEST	line	
Section 29	Township 17	7-S	Range	35-E	NMPM	_	unty	LEA	
	10. Elevation (Show w	hether .	DR, RKB		c.)		<u>y</u>	LLA	
11. Check A	appropriate Box to Inc		6' DF	of Notice	Donort or	. O4l D-4			
NOTICE OF INTE	ENTION TO:	uicaic	Mature			TREPOR			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMED	IAL WORK	SEQUEN		TERING C	ASING 🔲	
TEMPORARILY ABANDON	CHANGE PLANS		СОММЕ	NCE DRILLI	NG OPNS.		JG AND	🗆	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING CEMEN	TEST AND T JOB	D ABANDONMENT				
OTHER:			OTHER:	SET RBP,	TST CSG,	& TA WELL		X	
 Describe Proposed or Completed of starting any proposed work). or recompilation. 	l Operations (Clearly stat SEE RULE 1103. For M	te all pe ultiple (ertinent d Completi	etails, and oi	ve pertinent	dates includi	ng estimat osed comp	ad data	
04/16/01									
08/13/995 1/2" FROM REPORT.	RBP SET @ 4270 . TI	ESTED	CSG TO	500 PSI. I	HELD OK.	TA WELL. CO	OMPLETE (OROP	
This Approval of Temporary 5/10/06.									
				(
I hereby certify that the information above i									
SIGNATURE CULLARY W	ul fo: Lms	TITLE	SUPV	REGULATIO	N/PRORATIO	N DATE	05/02	2/01	
Type or print name L.M. SANDERS						Гelephone No.		8-1488	
(This space for State use)									
APPROVED BY Conditions of approval, if any:	· · · · · · · · · · · · · · · · · · ·	_ TITLI	E			DATE		- 	