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 CONSERVATIO P.O. Box 208	· · · · · · · · · · · · · · · · · · ·	VELL API NO.
DISTRICT II Santa Fe, New Mexico 87504-2088		87504_2088	30-025-02988
P.O. Drawer DD, Artesia, NM 88210	Sulta 10, Now Monto	5.	. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	•	6	. State Oil & Gas Lease No. B-1608
SUNDRY NO	TICES AND REPORTS ON WELL	LS //	
	ROPOSALS TO DRILL OR TO DEEPEN O	DEPLUG BACK TO A	. Lease Name or Unit Agreement Name
	ERVOIR, USE "APPLICATION FOR PERI	Mili	•
1. Type of Well:	C-101) FOR SUCH PROPOSALS.)		EAST VACUUM GB/SA UNIT
OIL GAS WELL WELL	OTHER	1	TRACT 3332
2. Name of Operator		8	. Well No.
Phillips Petroleum Com	pany		032
3. Address of Operator 4001 Penbrook Street,	Odessa, TX 79762	9	Pool name or Wildcat VACUUM GB/SA
4. Well Location	O Feet From The NORTH	Line and 1980	Feet From The EAST Lie
Unit Letter B : 00	O Feet From The NUKIH	Line and 1980	Feet From The EAST Lin
Section 33	Township 17\$ Ra		MPM LEA Count
	10. Elevation (Show whether	er DF, RKB, RT, GR, etc.) 3943' GR	
11. Check A	paranziata Par ta Indicata		anart or Other Date
	ppropriate Box to Indicate	1	
NOTICE OF	NTENTION TO:	2082	EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	PNS. PLUG AND ABANDONMENT
	CHANGE PLANS		
PULL OR ALTER CASING		CASING TEST AND CEME	:N1 308 🗀
OTHER: CONVERT TO WATER	INJECTION. X	OTHER:	
12. Describe Proposed or Completed Owork) SEE RULE 1103.	perations (Clearly state all pertinent dete	alls, and give pertinent dates,	including estimated date of starting any propos
2. RIH W/SLM. IF NEE UNIT.	DED, CLEAN OUT TO PBTD.	IF OVER 50' OF	D COOH W/TBG (IF APPLICABLE FILL IS FOUND, MI & RU REVE
4. RIH W/PKR TO 50' A	ER TO 50' ABOVE OPENHOLE BOVE OPENHOLE INTERVAL.		LOAD BACKSIDE TO VERIFY CAS
INTEGRITY. 5. MIRU. PRESSURE TE	ST ALL SUBERCE LINES TO	SEUUR WLIDIZE	WITH 6500 GALS 15% FERCHECK
6. SWAB. COOH W/PKR	AND WORKSTRING. RIH W/E	BAKER LOK-SET PKR	ON 2-7/8" TBG. SET PKR 050
	LOAD BACKSIDE W/INHIB	ITED BRINE, PRESS	URE TEST TO 500 PSI., AND R
CHART. 7. ND BOP. NU INJECT	ION WELLHEAD. MONITOR	INJECTION RATE AN	D PRESSURE UNTIL WELL STABL
I hereby certify that the information above is	true and complete to the best of my knowledge	and belief.	
SIGNATURE	suler m	E SUPERVISOR, REC	AFFAIRS DATE 11/07/94
TYPE OR PRINT NAME MSANDE	rs	-	TELEPHONE NO.915/368-14
Wet we let	ATOMO (BODO DO TOMO). BODO BARANTO (BARANTO (BARANTO (BARANTO (BARANTO (BARANTO (BODO)))) BODO (BODO). BODO (B		NOV 03 1994
APPROVED BY	okova iki⇔ka kalenda iku kalenda iki. Titi	i.e.	DATE DATE
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