State of New Mexico Submit 3 Copies Form C-103 to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-03001 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE [DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 State Oil & Gas Lease No. B-2519 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.) 1. Type of Well: East Vacuum Gb/SA Unit WELL X GAS Tract 3467 2. Name of Operator 8. Well No. 027 Phillips Petroleum Company 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street, Odessa, TX Vacuum Gb/SA 4. Well Location 1980 1580 1980 Feet From The North East Unit Letter Feet From The Line Towaship 17-S 34 35-E Lea Section Range County A 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3924' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: Reactivate X OTHER: 12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. MIRU DDU. POOH and laydown all tubing. RIH w/sub pump to 3980'. ND BOP. RDMO DDU. Pump 220 gallons Techni-Clean 470 down the annulus. Circulate the well for a minimum of 4 hrs. Open flowline and produce well overnight. Mix 1 drum Alpha 139 in 40 barrels fresh water. Pump mixture down annulus and displace with 175 bbls. fresh water. Unichem to treat well with 7 gallons Techni-Hib 314. Circulate the well for 8 hrs. before producing down the flowline. Obtain new well test and fluid level +/- 2 weeks after start-up.

I hereby certify that the information	above is true-and complete to the best of my knowledge and belief.	
SIGNATUJE	Sup	v.,Regulatory Affairs
TYPECHIPRINT NAME L.	M. Sanders	(915) TELEPHONE NO. 368-1488
(This space for State Use)	Orig. Signed by,	

TITLE .

raul Kautz

Geologist

APTROVED BY-