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 OIL CONSERVA	TION DIVISION
P.O. Box 1980, Hobbs NM 88240 P.O. Bo	WELL API NO.
DISTRICT II Santa Fe New Mo	exico 87504-2088 30-025-03007
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease
DISTRICT III	
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON	<b>B-1845-1</b> WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE	PEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR	R PERMIT"  7. Lease Name of Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.  1. Type of Well:	EAST VACOUN BD/SA UNIT
OIL GAS	TRACT 3440
2. Name of Operator	8. Well No.
Phillips Petroleum Company  3. Address of Operator	001
4001 Penbrook Street, Odessa, TX 79762	9. Pool name or Wildcat
4. Well Location	VACUUM GB/SA
1	JTH Line and 660 Feet From The WEST Line
1	Line and Feet From The Line
Section 34 Township 17 S	Range 35 E NMPM LEA County
	whether DF, RKB, RT, GR, etc.)
NIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	3922' GR
11. Check Appropriate Box to Indic	eate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
	SSSERGENT REFORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	
	COMMENCE DRILLING OPNS. L. PLUG AND ABANDONMENT L.
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER: SWAB TESTED
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertines work) SEE RULE 1103.</li> </ol>	nt details, and give pertinent dates, including estimated date of starting any proposed
work) SEE RULE 1103.	
12/26/94 MIRU DDU. COOH W/SUBMERSIBLE EQ	HITD TOTO CAND DUMP TAG & ACCC. CATCH CANDID OF
SAND AND FORMATION. CLEANOUT TO	UIP. TRIP SAND PUMP TAG @ 4606'. CATCH SAMPLE OF
12/27/94 TRIP IN TO 4191' WITH CASING SCR	APER. COOH. PU GIH W/376' OF TAILPIPE, PKR TEST
REST OF TBG IN THE HOLE. SET PKI	R. PUMP SCALE CONVERTER.
12/28/94 RU SWAB. PUMP 4500 GALS 15% FERO	CHEK ACID
12/29/94 SWABBED.	CHER ACID.
	ERSIBLE EQUIP. GIH. NIPPLE DOWN FLANGE UP WELLHEAD
12/31/94 NU NOP. COOH W/TBG AND SUB EQUI	D. CIU MINITE CIDING. MIPPLE DOWN FLANGE UP WELLHEAD
01/02/95 COOH W/KILL STRING. GIH W/SUB.	FOULT NO DOD DO MO DOU
02/16/95 PUMP 24 HRS. TEST 54 BOPD, 482 By	LYOIR. NO BUR. KU MU UUU. Jon ann eo e moe
	MFD, AND DU.D MCF.
I hereby certify that the information above is true and complete to the best of my know	wledge and belief
SIGNATURE	TITLE SUPERVISOR, REG. AFFAIRS DATE 02/20/95
TYPE OR PRINT NAME M SANDERS	TELEPHONE NO.915/368-1488
(This space for State Use) ORIGINAL SIGNED BY	
GARY WINK	ETO 9 A ADDE
FIELD REP. II	FEB 2.4. 1995
CONDITIONS OF APPROVAL OF ANY	TITLE DATE