Submit 3 Copies To Appropriate District	es To Appropriate District State of New Mexico					Form C-103				
Office District I	Energy, Minerals and Natural Resources				Revised March 25, 1999					
1625 N. French Dr., Hobbs, NM 87240 District II					WELL API NO. 30-025-03009					
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION 2040 South Pacheco				5. Indicate Type of Lease					
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505				1	TE X		EE 🗌		
District IV 2040 South Pacheco, Santa Fe, NM 87505	Santa 1 C,	1111 07	7505		6. State O					
					B-1845					
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:  VACUUM GB/SA UNIT EAST				
1. Type of Well: Oil Well X Gas Well Other						TRACT 3440				
2. Name of Operator						8. Well No.				
Phillips Petroleum Company						003				
3. Address of Operator						9. Pool name or Wildcat				
4001 Penbrook Street Odessa, TX 79762						VACUUM GRAYBURG/SAN ANDRES				
4. Well Location										
Unit Letter M : 3	feet from the _	WES	ST	line and	990	feet from	the	SOUTH	line	
Section 34	Township 1	7S	Range	35E	NMPM		Count	y L	.EA	
	10. Elevation (Show w				tc.)	askanya yas				
11 Cheek An			3 / 3926		Danasta	O41 1	en en en en en en en en	stago sa e a anti-a-accia descend	e sicalismonthistics of	
	propriate Box to Inc	ııcate	Nature		-			OF.		
NOTICE OF INTEN	NTION TO: PLUG AND ABANDON		DEMED	SUE IAL WORK	SEQUEN			OF: RING CAS	SINC F	
	CHANGE PLANS			ENCE DRILL	ING OPNS		PLUG		SING [	
								IDÖNMEN		
	MULTIPLE COMPLETION	Ш	CEMEN	TEST AND TJOB		Ш				
OTHER:			OTHER	· DRIII A	2780' LATE	PAI (ON	PRUDI IC	TIONI	D	
12. Describe Proposed or Completed (	Onerations (Clearly sta	te all n	·			· · · · · · · · · · · · · · · · · · ·				
of starting any proposed work). SI or recompilation.		_		_	•		_			
WELL ON PRODUCTION. WELL TO FLUID LEVEL - 106' ABOVE PU	· · · · · · ·	WATER	& 436 (	GAS. 5% C	02.					
**COMPLETE DROP EDOM DEDORT	<b>+</b> +									
**COMPLETE DROP FROM REPORT	^^									
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I hereby certify that the information above is	true and complete to the	best of	my knowl	edge and beli	ef.		-			
SIGNATURE CUM COLOR	on hom Sader	~) ~1111	F Super	visor. Red	gulation/Pr	or. r	ATE_	8/02/	'02	
Type or print name 1. M. Sanders		<b>-</b> 1111	<u>,, </u>		4	Telephor		915-368		
(This space for State use)						1 cicpitor	10.	320 000		
APPROVED BY		(DICE)	, <sub>t</sub> origi	NAL SIGNI	ED BY	ъ.	AUG	08 201	J2	
Conditions of approval, if any:		111	מע	III F. NAU	) [ _	DA	TE			
			PETRO	LEUM EN	GINEEM					