Submit 3 Copies to Appropriate District Office

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 CONSERVATION		WELL API NO.
P.O. Box 1980, Hobbs NM 88240	P.O. Box 2088		30-025-03031
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Leas STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410)		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			B_2519
(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
1. Type of Well:	7 TOTAL OR GOOTT HOP CORES.		EAST VACUUM GB/SA UNIT
OIL GAS WELL	OTHER		TRACT 3568
2. Name of Operator Phillips Petroleum Com	nany		8. Well No. 040
3. Address of Operator			9. Pool name or Wildcat
4001 Penbrook Street,	Odessa, TX 79762		VACUUM GB/SA
4. Well Location Unit Letter D: 660	Feet From The NORTH	Line and 66	O' Feet From The WEST Line
Section 35	Township 17-S R	ange 35-E	NMPM LFA County
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc	NMPM LEA County
11. Check A:		3927' DF	
	ppropriate Box to Indicate		-
NOTICE OF I	NTENTION TO:	SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING .
EMPORARILY ABANDON X CHANGE PLANS COMMENCE DRILL:NG		OPNS. PLUG AND ABANDONMENT	
JLL OR ALTER CASING CASING TEST AND CE		MENT JOB	
OTHER:	OTHER: TEMPORAR		RILY ABANDONED
12. Describe Proposed or Completed Op	erations (Clearly state all pertinent det	ails, and give pertinent dat	tes, including estimated date of starting any proposed
work) SEE RULE 1103.	•	, 6	any proposed
01/09/96 COOH LD 2-3/8' 01/12/96 PU GIH W/CIBP, HOLE WITH PKR TBG, FLANGE UP LEAVE WELL IN	SET PLUG AT 4046', TES FLUID, AND RE-TEST, NI WELLHEAD WITH 1 JT 2-3	D PAN & BOP. CO	OH LD 2-7/8" WORKSTRING
COMPLETE DROP FROM REPORT			
			•
I hereby certify that the information above is	rue and complete to the best of my knowledge	and belief.	
SIGNATURE Say			tion Analyst DATE 1/17/96
TYPE OR PRINT NAME Larry M. Sar	//	· ·	TELEPHONE NO. (915) 368-1488
(This space for State Use)			(313)306-1488
	STORY THE THINGS OF STATE OF THE STATE OF TH		JAN 22 1996
APPROVED BY	TITL	E	DATE DATE