Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-025-20709

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
A-1320

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 Glorieta East Unit Tract 2

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Phillips Petroleum Company

8. Well No.
6

3. Address of Operator
4001 Penbrook Street, Odessa, TX 79762

9. Pool name or Wildcat
Vacuum Glorieta

4. Well Location
Unit Letter I : 1830 Feet From The South Line and 510 Feet From The East Line

Section 32 Township 17S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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:	[ ]			OTHER: Casing Integrity Test	[X]		

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

04-01-94 - MIRU DDU. COOH w/rods and tubing. GIH w/4-1/2" pkr. to test csg.
04-05-94 - Run casing integrity test. Pressure casing to 500#. Held O.K. COOH with pkr. and tubing. Tubing - run/pull. GIH w/2-3/8" tubing. SN set at 6134' and anchor set at 5918'. GIH with pump and rods. Hang well on. RD DDU.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE L. M. Sanders TITLE Supv.Regulatory Affairs DATE 04-07-94

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. (915) 368-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 21 1994

CONDITIONS OF APPROVAL, IF ANY:

JC

RECEIVED
APR 2 0 1994
OFFICE