Submit 3 Copies to Appropriate District Office

State of New Mexico
gy, Minerals and Natural Resources Departme.

Form C-103
Revised 1-1-89

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

# OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-20710

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 1

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

2. Name of Operator: Phillips Petroleum Company

8. Well No. 11

3. Address of Operator: 4001 Penbrook St., Odessa, Texas 79762

9. Pool name or Wildcat: Vacuum Glorieta

4. Well Location
Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line

Section 28 Township 17-S Range 35-E 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.

2/3/94 MI RU DDU and COOH w/rods and tbg.

2/4/94 GIH with workstring and set packer at 5940'. MI RU and test casing to 500# held ok. RD MO. COOH with workstring ND BOP shut well in and RD MO.

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., Reg. Affairs DATE 2/17/94

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE APR 21 1994

CONDITIONS OF APPROVAL, IF ANY:

JC

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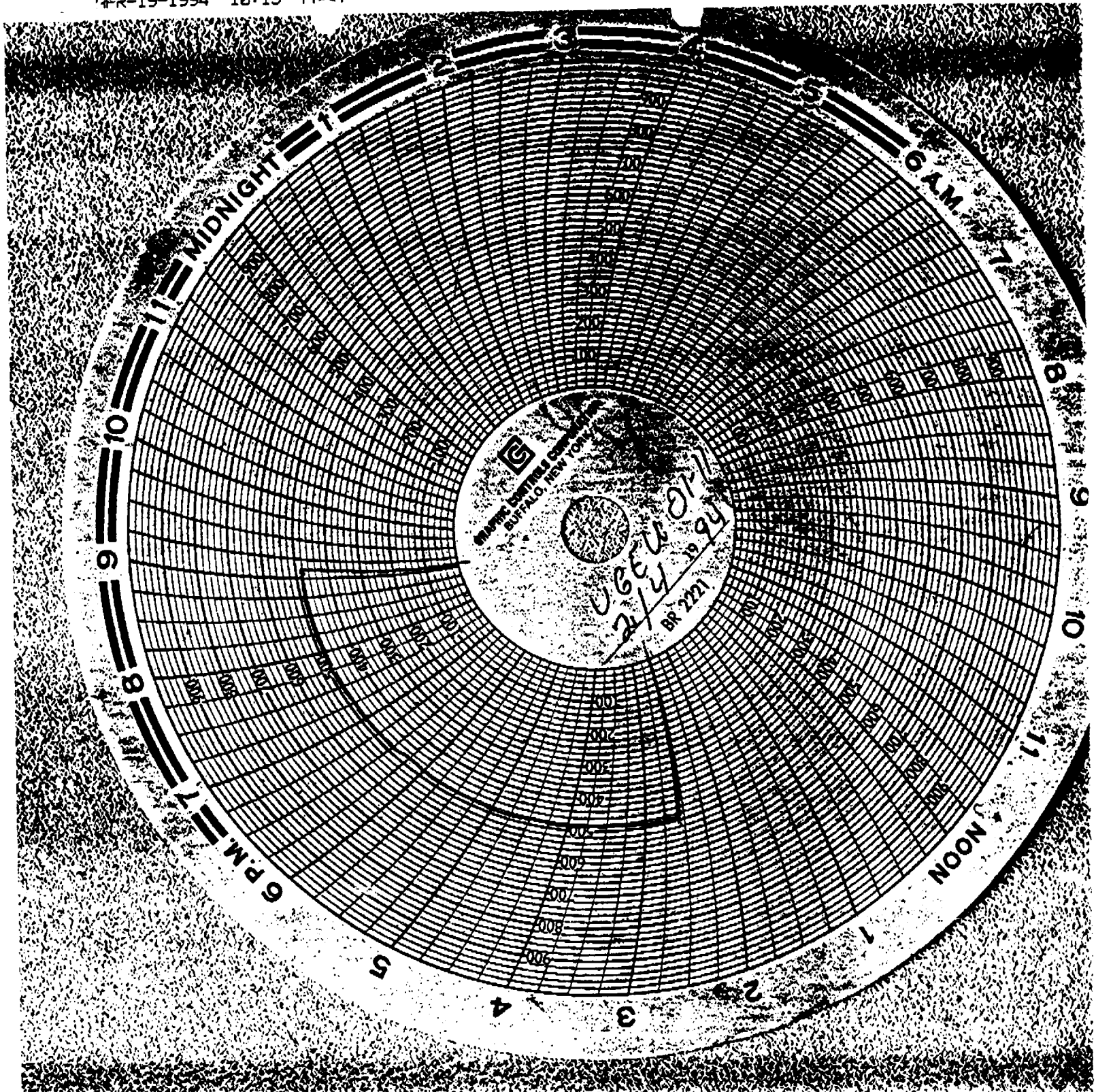
OFFICE

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| | |
|---|---|
| To Dave Haines | From Jon Bloom |
| Co. | Co. |
| Dept. | Phone # |
| Fax # | Fax # |

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