

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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.	30-025-20720
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	A-1320
7. Lease Name or Unit Agreement Name	VACUUM GLORIETA EAST UNIT TRACT 2
8. Well No.	1
9. Pool name or Wildcat	VACUUM GLORIETA

1. Type of Well:	GAS WELL <input type="checkbox"/> OTHER		
2. Name of Operator Phillips Petroleum Company			
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762			
4. Well Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>NORTH</u> Line and <u>2306</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>17S</u> Range <u>35E</u> NMPM <u>LEA</u> County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3964' GR			

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.)

1. Type of Well:
OIL WELL ☒

2. Name of Operator
Phillips Petroleum Company

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

4. Well Location
Unit Letter B : 330 Feet From The NORTH Line and 2306 Feet From The EAST Line
Section 32 Township 17S Range 35E NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ACIDIZED ☒

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.

11/07/94 PICKED UP FROM TEMPORARILY DROP FROM REPORT DATED 10/16/94.
24 HR TEST 73 OIL, 24 WATER, AND 53 MCF.

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

SIGNATURE L. M. Sanders TITLE SUPERVISOR, REG. AFFAIRS DATE 11/17/94

TYPE OR PRINT NAME L. M. SANDERS

TELEPHONE NO. 915/368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: