

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-99

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-C 5-20785
5. Indicate Type of Lease. STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1608
7. Lease Name or Unit Agreement Name VACUUM GLORIETA EAST UNIT TRACT 22
8. Well No. 3
9. Pool name or Wildcat VACUUM GLORIETA

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	
4. Well Location Unit Letter A : 860 Feet From The NORTH Line and 660 Feet From The EAST Line Section 33 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:

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: **RAN CASING INTEGRITY TEST** ☒

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.

3/15/95 RU DDU. COOH W/ PRODUCTION EQUIP. RIH W PKR & SET @5990'.
3/16/95 RAN CASING INTEGRITY TEST AT 500# HELD OK. COOH W/ PKR. GIH W/SN, TUBING, PUMP, AND RODS. HANG WELL ON AND START PUMPING. RD MO DDU.

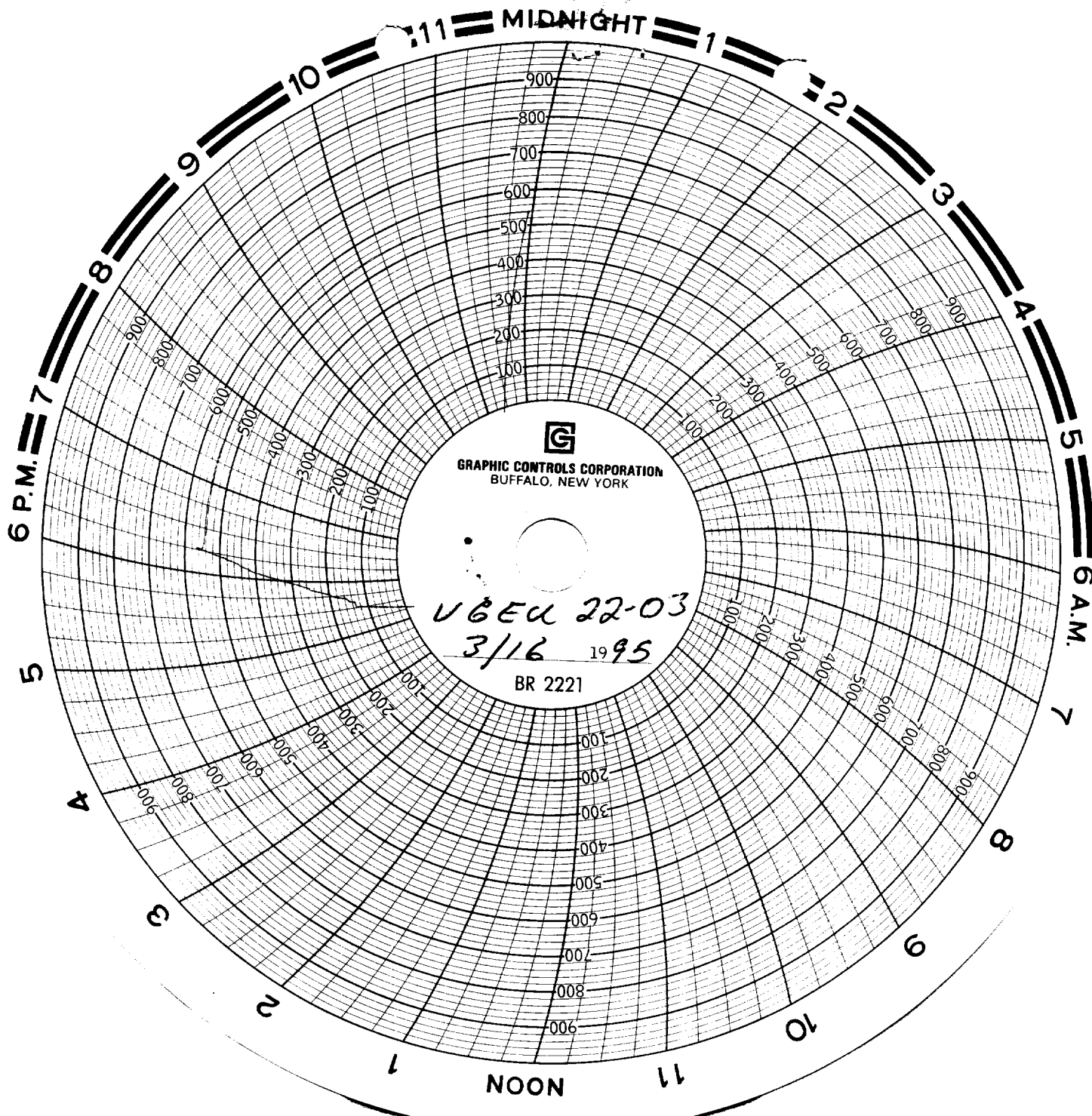
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE **SUPERVISOR, REG. AFFAIRS** DATE **3/20/95**
TYPE OR PRINT NAME **L. M. SANDERS** TELEPHONE NO. **915/368-1488**

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE **APR 07 1995**
CONDITIONS OF APPROVAL, IF ANY:



PRR 5990
Perfs 6083-6098

RECEIVED

APR 6 1995

U.S. HOUSE
OFFICE