State of New Mexico Er , Minerals and Natural Resources Department

Form C-163 Revised 1-1-89

DISTRICTI

OIL CONSERVATION DIVISION WELL

CONDITIONS OF AFFROVAL, IF ANY:

PI NO			
	_	 	

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 208	i	30-025-20789	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lesse	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE 6. State Oil & Gee Leen No.	
INN AN DIESE AND AMEDITAL DIVIN			B-1608	
	AND REPORTS ON WEL			
	IALS TO DRILL OR TO DEEPEN R. USE "APPLICATION FOR PEI FOR SUCH PROPOSALS.)	RMIT	7. Lease Name or Unit Agreement Name	
1. Type of Well:	TON SOON PROFESSION		Vacuum Glorieta East Unit Tract 22	t
OL GAS WELL 2. Name of Operator	OTHER		2. Well No.	
Phillips Petroleum Compa	nv		02	
3. Address of Operator			9. Pool same or Wildox	
4001 Penbrook St., Odes 4. Well Location	ssa, Texas 79762		Vacuum Glorieta	
Unit Letter B: 990				Line
Section 33	Township 17-S Rai		IMPM Lea Co	unty
	IN THE PERSON (DIED AND AND THE PARTY)	, , , , , , , , , , , , , , , , , , ,	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
11. Check App	ropriate Box to Indicate I	Nature of Notice, Re	port, or Other Data	
NOTICE OF INTEN	TION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONME	NT 🔲
PULL OR ALTER CASING	_	CASING TEST AND CE		
OTHER:		OTHER: Casing Integrity Test		
	U			<u>~</u>
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	Clearly state all pertinent details, an	d give pertinent dates, includ	ing estimated date of starting any proposed	
3/2/94 RU DDU. Start o	out of hole with pum	p and rods.		
3/3/94 Fish rods. COOF	with tubing. GIH	with packer. R	un casing integrity test	
		ld OK. Tag PBT	0 6121'. COOH with packer.	•
Run production t 3/4/94 Run in hole with		returned to pro	duction.	
2/4/24 I'MI TII IDTE WITH	Tons and bank and	recurrent to pro	adoctori.	
I hereby certify that the information above in true and, o	omplete to the best of my knowledge and	belief.		
SIGNATURE S.M.	ander	Supervisor, R	eg. Affairs DATE 3/5/94	
TYPEORPROTINAME L. M. Sanders			TELEPHONE NO.915/3(68-14
(This space for State Use)		Drig. Sign Pau l K	ned by)
APTROVED BY	m	Cooles	autz APR 08	1994

