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. 30-025-20802

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

6. State Oil & Gas Lease No. B-1501

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 14

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

2. Name of Operator: Phillips Petroleum Company

8. Well No. 1

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

9. Pool name or Wildcat: Vacuum Glorieta

4. Well Location

Unit Letter G : 2323 Feet From The North Line and 2213 Feet From The East Line

Section 29 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.

12-09-93 - RU DDU. Install BOP. PU 2-3/8" workstring and 4-1/2" pkr. and GIH and set pkr. at 6036'. Run Casing Integrity Test. Pressure to 500#. Held O.K. COOH w/pkr. GIH w/tbg. and CIBP. Set CIBP at 6036'. Circ. pkr. fluid. COOH w/workstring and LD. 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 01-26-94

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 FEB 14 1994

CONDITIONS OF APPROVAL, IF ANY:

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
BR 2221
MIDNIGHT
6 A.M.
NOON
6 P.M.
Gas Caused By Thermal Expansion
VGEU 14-01
12/9 1993