

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.
30-025-20822

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1414-2

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 9

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No.
2

2. Name of Operator
Phillips Petroleum Company

9. Pool name or Wildcat
Vacuum Glorieta

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

4. Well Location
Unit Letter P : 660 Feet From The South Line and 990 Feet From The East Line
Section 30 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 OFF ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

05-20-94 - MIRU COOH w/rods and tubing. GIH w/4-1/2" pkr. and prep to run csg. integrity test.

05-21-94 - Run casing integrity test. Held O.K. COOH w/pkr. GIH w/prod. equip. and hang well on. RD MO 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 05-24-94
TYPE OR PRINT NAME L. M. Sanders (915) TELEPHONE NO. 368-1488

(This space for State Use)

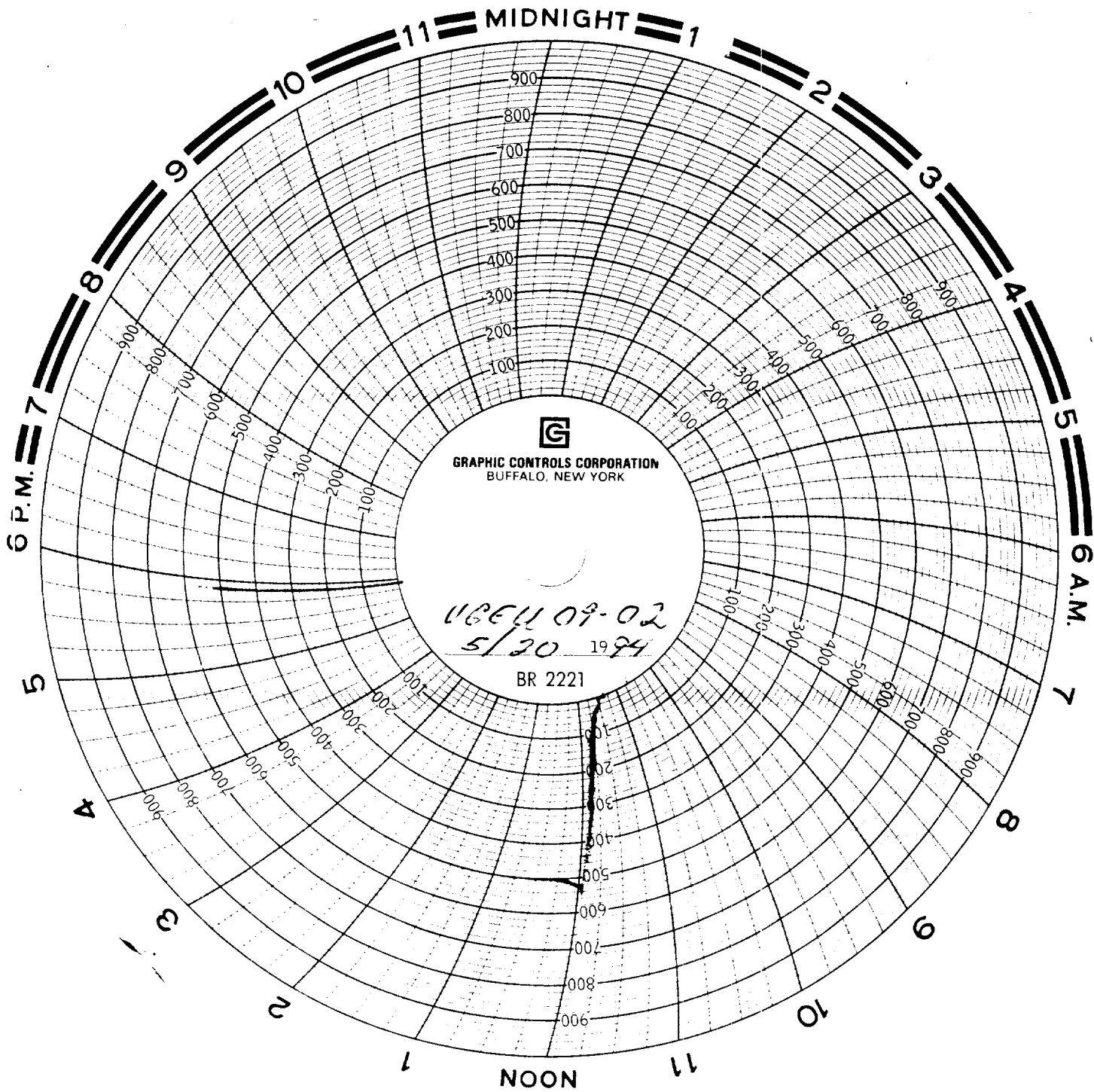
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 06 1994

RECEIVED

JUN 03 1994

**JUL HUBBS
OFFICE**



RECEIVED

JUN 03 1994

JOE MORRIS
OFFICE