State of New Mexico Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-025-20826 **DISTRICT II** Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM \$8210 5. Indicate Type of Leas STATE X DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 FEE 6. State Oil & Gas Lease No. B-2284-3 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Vacuum Glorieta East Unit WELL X GAS T Tract 36 2. Name of Operator Well No. Phillips Petroleum Company 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street, Odessa, TX Vacuum Glorieta 4. Well Location 1800 Feet From The South Line and 660 West Unit Latter Feet From The Line Township 17-S 29 35-E hip 17-S Range 35-E

10. Elevation (Show whether DF, RKB, RT, GR, etc.) Lea **NMPM** 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 Casing Integrity Test OTHER: 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. 02-19-94 - RU DDU. COOH w/rods. Install BOP. COOH w/prod. tubing. GIH w/pkr. and prod. tubing. Set pkr. at 5924'. Run Casing Integrity Test. Pressure Casing to 500#. Held Okay. Release pkr. and COOH w/pkr. and production tubing. 02-22-94 - GIH w/SN, anchor and remainder of tubing. SN set at 6181' and anchor at 5987'. Total 195 jts. 2-3/8" tubing. GIH w/pump and rods. Hang well on. RD DDU.

I hereby certify that the information above is true and complete to the best of my knowledge	and ball of	
SIGNATURE A.M. Sandus	mme Supv.Regulatory Affairs	02-23-94
TYPEORPEINT NAME L. M. Sanders		(915) TELEPHONE NO. 368-1488
(This space for State Use)		
Orig. Signed by APPROVED BY PRUI Kanif CONDITIONS OF APPROVAL, F ANY: Geologist	mrz	MAR 0 1 1994

