Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION		WELL API NO.
DISTRICT II	P.O. Box 2088 Santa Fe. New Mexico 87504-2088		30-025-20828
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NO	TICES AND REPORTS ON WE	LLS	B-1399-10
(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
1. Type of Well: OIL WELL X WELL			TRACT 5
2. Name of Operator		-	8. Well No.
Phillips Petroleum Com	pany	 	1
3. Address of Operator 4001 Penbrook Street,	Odessa, TX 79762		9. Pool name or Wildcat VACUUM GLORIETA
4. Well Location	20 COUTU	1	200
Unit Letter U : 198	Feet From The SUUTH	Line and 13	Peet From The EAST Line
Section 29	Township 17 S	Range 35 E	NMPM LEA County
	10. Elevation (Show whet	her DF, RKB, RT, GR, et 3975' DF	(c.)
11. Check A	ppropriate Box to Indicate	·············	Report, or Other Data
	NTENTION TO:	1	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	BLUC AND ABANDON	DEMEDIAL MODIC	
	PLUG AND ABANDON	REMEDIAL WORK	L. ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. L. PLUG AND ABANDONMENT L.
PULL OR ALTER CASING	_	CASING TEST AND C	
OTHER:	<u></u> U	OTHER: RAN CAS	ING INTEGRITY TEST X
12. Describe Proposed or Completed Op	erations (Clearly state all pertinent d	etails, and give pertinent de	ates, including estimated date of starting any proposed
work) SEE RULE 1103.			
11/28/94 RU AND COOH	WITH PROD. EQUIPMENT.		
11/29/94 GIH W/PACKER	. SET AT 6034' TEST CA	ASING TO 500# HE	ELD OK. RELEASE PACKER AND COOH.
GIH W/SN AND	200 JTS W/2-3/8" TUBIN	NG SN SET 6215'	ANCHOR SET AT 6027'. GIH W/PUMF
AND RODS. H	ANG WELL ON AND START I	PUMPING. RD MO D	DDU.
I hereby certify that the information above is	true and complete to the hest of my knowled	oe and helief	
Am a	ℓ		
SIGNATURE	Manaces T	TLE SUPERVISOR	REG. AFFAIRS DATE 01/31/95
TYPE OR PRINT NAME N. SANDE	28		TELEPHONE NO.915/368-1488
(This space for State Use)	ROINAL SIGNED BY		
	GARY WINK FIELD REP. II		Eld (3 par