

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. 30-025-20829
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1399-10
7. Lease Name or Unit Agreement Name Vacuum Glorieta East Unit Tract 5
8. Well No. 03
9. Pool name or Wildcat Vacuum Glorieta
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER
2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762
4. Well Location Unit Letter O : 460 Feet From The South Line and 1980 Feet From The East Line Section 29 Township 17-S Range 35-E NMPM Lea County

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 ☒	

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.

04-05-94 - RU DDU. COOH w/rods and tubing. GIH w/pkr and prod. tubing. Set pkr. at 6025'.

04-06-94 - Run casing test. Pressure casing to 500#. Held OK. Release pkr. and COOH. GIH w/SN and 197 jts of 2-3/8" tubing. SN set at 6248', anchor set at 6029'. GIH w/pump and rods. 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 04-08-94

TYPE OR PRINT NAME L. M. Sanders (915) TELEPHONE NO. 368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE APR 21 1994

CONDITIONS OF APPROVAL, IF ANY:

