

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.	30-025-20830
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name VACUUM GLORIETA EAST UNIT TRACT 5	
8. Well No.	2
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 I : 1980 Feet From The SOUTH Line and 660 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

11/21/94 RU DDU. COOH WITH PROD. EQUIPMENT.

11/22/94 GIH WITH PACKER & SET @6045'. RAN CASING INTEGRITY TEST. PRESSURE CASING TO 500#. HELD OK. COOH WITH PACKER. GIH WITH 2-3/8" TBG. SN SET AT 6232' AND ANCHOR AT 5988'. GIH WITH PUMP AND RODS. RETURNED TO PRODUCTION. 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 SUPERVISOR, REG. AFFAIRS DATE 12/21/94

TYPE OR PRINT NAME L. M. SANDERS

TELEPHONE NO. 915/368-1488

(This space for State Use)

ORIGINAL SIGNED BY CLERY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 28 1994

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

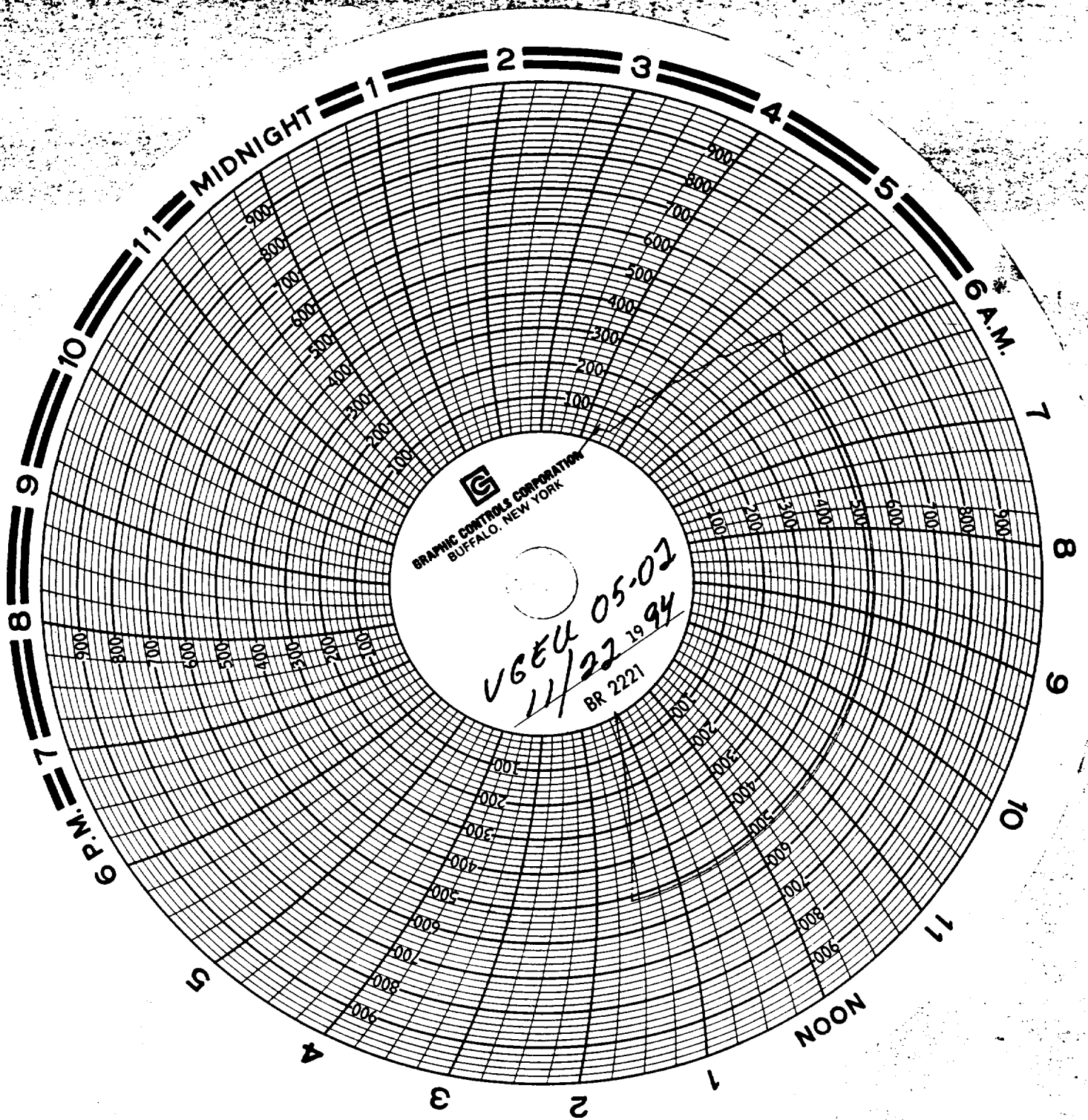
DEC 22 1994

JOE D. HOBBS
OFFICE



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

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