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. 30-025-20833

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-1423-2

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 10

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Phillips Petroleum Company

8. Well No. 3

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

9. Pool name or Wildcat: VACUUM GLORIETA

4. Well Location
Unit Letter H : 2310 Feet From The NORTH Line and 330 Feet From The EAST Line

Section 28 Township 17S Range 35E 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:				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: RAN CASING INTEGRITY TEST	[X]		

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.

11/14/94 RD DDU. COOH WITH PROD. EQUIP. GIH WITH PACKER AND SET AT 6039'.
11/15/94 TEST CASING TO 500# HELD OK. COOH W/PACKER. GIH W/2-3/8" TUBING SN SET AT 6167' ANCHOR SET AT 5980'. GIH WITH 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.

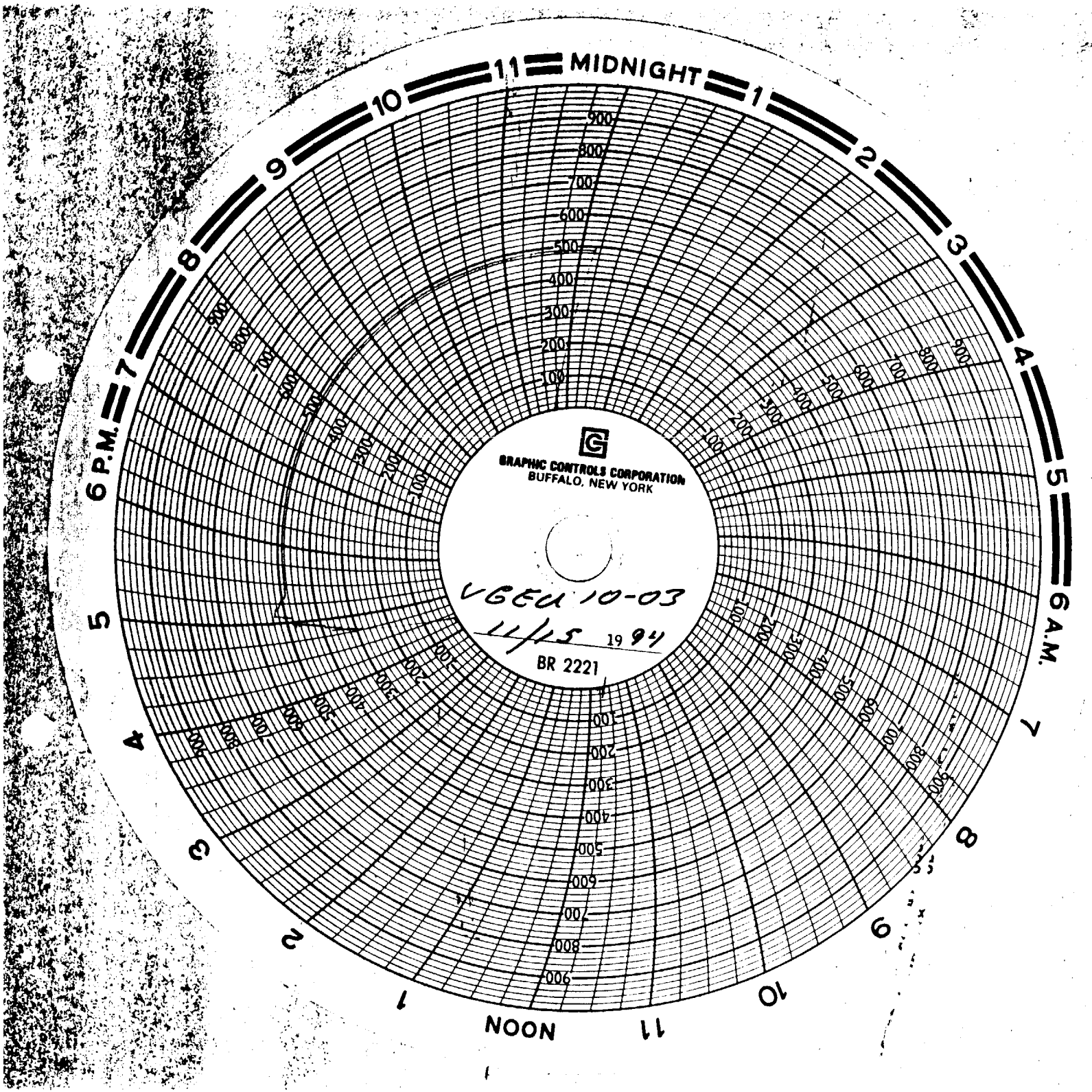
SIGNATURE L. M. Sanders TITLE SUPERVISOR, REG. AFFAIRS DATE 11/18/94

TYPE OR PRINT NAME L. M. SANDERS TELEPHONE NO. 915/368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
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