Submit 3 Copies to Appropriate District Office

DISTRICT II

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

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

WELL API NO. P.O. Box 2088 30-025-20867 Santa Fe. New Mexico 87504-2088

5. Indicate Type of Lease STATE X FEE

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-2273SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Vacuum Glorieta East Unit WELL X GAS WILL Tract 35 OTHERS 2. Name of Operator 8. Well No. Phillips Petroleum Company 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street, Odessa, TX 79762 Vacuum Glorieta 4. Well Location Line and 1650 330 North West Unit Letter _ Feet From The Feet From The Line Township 17-S 34 Section wnship 17-S
Range 35-E

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 35-E Lea **NMPM** County 3931' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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:_ 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. 03-29-94 - MIRU DDU. Install BOP. Test casing below 5 feet. Held O.K. casing above 5 feet. Did not hold. Circ. 2 BPM out surface valve. COOH LD tubing. 03-30-94 - Inspect casing for holes. Found hole in 8-5/8" and 4-1/2". SI well for evaluation. 04-12-94 - Repair holes in 8-5/8" and 4-1/2" casing. Replace 58' 4-1/2" and wellhead. 04-13-94 - Run casing integrity test. Pressure casing to 500#. Held O.K. RD DDU. 04-14-94 - Waiting on well reactivation.

I hereby certify that the information above is true and complete to the best of my knowledges SIGNATURE ————————————————————————————————————	• md beid. Supv.Regulatory Affairs	04-14-94
TYPEORPRINT NAME L. M. Sanders		(915) TELEPHONE NO. 368-1488
(This space for State Use) ORIGINAL CHORGO CONTROL OF THE CONTROL OF T		MAY 13 1994
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		DATE

