Office Office Appropriate District	State of Ne					Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and	Matural Res	sources	WELL AP	I NO.	Levised March 25, 1999
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION			30-025-21096		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505			5. Indicate Type of Lease STATE X FEE		
District IV 2040 South Pacheco, Santa Fe, NM 87505	Santa Fe, NW 87505			STATE X FEE 6. State Oil & Gas Lease No.		
				B-1527		
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				7. Lease Name or Unit Agreement Name: VACUUM GLORIETA EAST UNIT TRACT 17		
2. Name of Operator				8. Well No.		
Phillips Petroleum Company 3. Address of Operator 4001 Penbrook Street Odessa, TX 79762				9. Pool name or Wildcat VACUUM GLORIETA		
4. Well Location				<u> </u>	22	
Unit Letter J :	2110 feet from the	SOUTH	line and	1980	feet from the_	EAST line
Section 31	Township 17		35E	NMPM	Cou	nty LEA
100	10. Elevation (Show who	ether DR, RK 3322' GL	B, RT, GR, etc	:.)		
11. Check A	ppropriate Box to Indi		e of Notice,	Report, or	Other Data	
NOTICE OF INTE				-	T REPORT	
TEMPORARILY ABANDON	CHANGE PLANS	СОММ	ENCE DRILLIN	NG OPNS.		G AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASIN	G TEST AND NT JOB		ABA	NDÖNMENT
OTHER:		OTHER	R: RAN CASIN	G INTEGRIT	Y TEST REGUE	EST TA STAT [
12. Describe Proposed or Completed of starting any proposed work). So or recompilation.	Operations (Clearly state SEE RULE 1103. For Mul	all pertinent	details, and giv	e pertinent o	lates includin	g estimated date
02-27-01 RAN CASING INTEG PRESS CSG T/500 CIBP SET @ 5198	RITY TEST, WITNESSED 8 # OK USED KILL TRUCK ⁻ ' - REQUEST 5 YEAR TA	TO TEST DID	N'T USE PULL	ING UNIT) -	
		raic App Storden	novai of Te Ment Expir	mporary .	3/20/04)
I hereby certify that the information above is	s true and complete to the bes	st of my knowle	edge and belief.		<u> </u>	
SIGNATURE A CAPACITA	m for 1	ritl <u>e REG.</u>	PRORATION SE	PECIALIST	DATE_	03/14/01
Type or print name LARRY M. SANDERS	3 Mm	<u> </u>		T	elephone No.	915/368-1488
(This space for State use)					· · · · · · · · · · · · · · · · · · ·	·
APPROVED BY	,	TITLE		<u>. 11 11 13 1</u>	DATE	ave :
Conditions of approval, if any:				10 f 10 f		

