Submit 3 Copies o Appropriate District	State of New 3	Mexico	Form C-103
Office	Energy, Minerals and Natural Resources		Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 87240	5 N. French Dr., Hobbs, NM 87240 trict II South First, Artesia, NM 87210 trict III 0 Rio Brazos Rd., Aztec, NM 87410 OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505		WELL API NO. 30-025-21381-2/383
District II 811 South First, Artesia, NM 87210			5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No. B-1845-1
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC	ES AND REPORTS ON V SALS TO DRILL OR TO DEEPE CATION FOR PERMIT" (FORM C	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name:
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other			VACUUM GLORIETA EAST UNIT TRACT 28
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			
Unit Letter ::	2310feet from the	SOUTH line and	330 feet from the WEST line
Section 34 Township 17S Range 35E NMPM County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3932' GL 3932' GL 3932' GL			
11. Check A	Appropriate Box to Indic		Report, or Other Data
NOTICE OF INTI		1	SEQUENT REPORT OF:
	PLUG AND ABANDON		
	CHANGE PLANS		
PULL OR ALTER CASING	MULTIPLE [COMPLETION	CASING TEST AND CEMENT JOB	
OTHER:	[OTHER: RAN CSG	INTEGRITY TEST & REQUEST TA STATUS
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.			
02/27/01 RAN CASING INTEGRITY TEST (PASSED) WITNESSED BY ROBINSON OF OCD START @ 555 FINISH @ 550 CIBP SET @ 6020.			
REQUEST 5 YEAR	T.A. STATUS		
		Thic Approv	T of Temporary /
		Abandonment	at of Temporary 3/23/06
	······		cl.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE CALLE		ITLE REG. PRORATION	SPECIALIST DATE 03/16/01
Type or print name LARRY M. SANDE	RS ISOS		Telephone No. 915/368-1488
(This space for State use)	/		
APPROVED BY Conditions of approval, if any:		ritle	DATE

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