Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-24806

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

6. State Oil & Gas Lease No. B-1713-1

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 24

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

2. Name of Operator: Phillips Petroleum Company

8. Well No. 01

3. Address of Operator: 4001 Penbrook St., Odessa, Texas 79762

9. Pool name or Wildcat: Vacuum Glorieta

4. Well Location
Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East Line

Section 33 Township 17-S Range 35-E 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: Run a 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.

12/14/93 RU DDU. install BOP. COOH with 190 jts 2-3/8" production tbg.

12/15/93 GIH with 5" 15# model R packer with 2-3/8" production tbg and set at 6011'. Run casing integrity test. Pressure to 500# held ok. Release packer and COOH with tbg and packer. GIH with 190 jts 2-3/8" production tbg. open ended. RD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

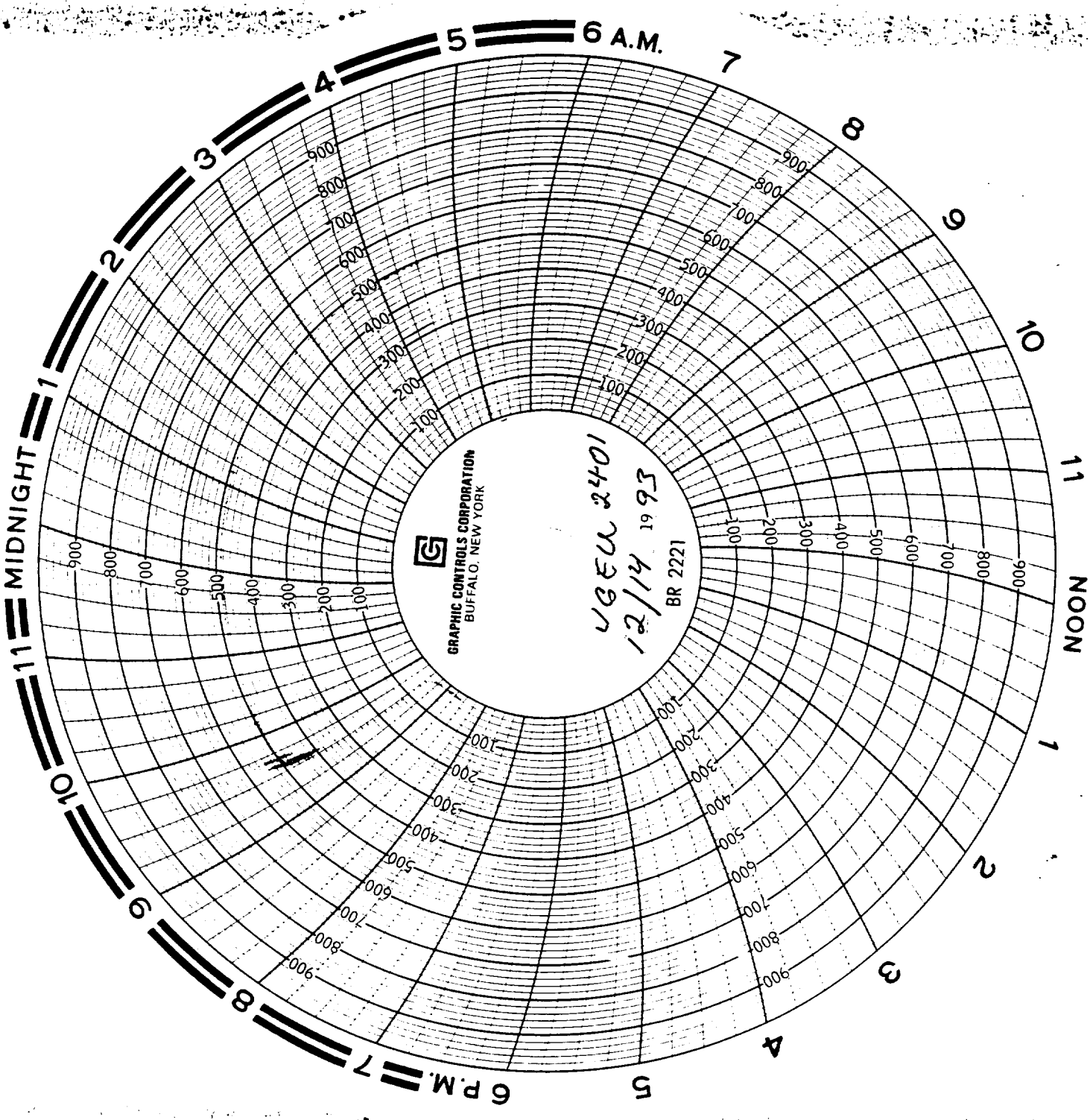
SIGNATURE L. M. Sanders TITLE Supv., Reg. Affairs DATE 1/5/94

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 915/358-148

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JAN 19 1994

CONDITIONS OF APPROVAL, IF ANY: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