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.
30-025-26226

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

6. State Oil & Gas Lease No.
A-1320

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
East Vacuum Gb/SA Unit Tr.2801

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

2. Name of Operator
Phillips Petroleum Company

8. Well No.
004

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

9. Pool name or Wildcat
Vacuum Gb/SA

4. Well Location
Unit Letter O : 1310 Feet From The South Line and 1330 Feet From The East Line

Section 28 Township 17-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3942' GR

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	[X]	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.

10-23-90: MIRU DDU.
10-24-90: NU BOP. GIH w/packer & tubing. Set packer @ + 4350'.
10-25-90: Swab.
10-27-90: Pump 5000 gal 15% NEFe HCl acid w/275 gal 425 clay stabilizer & LST. 4500# rock salt in 4500 gal gelled brine. RU Charger to pump 3 drum 756 w/30 bbl 2% KCl.
10-29-90: GIH w/tubing. ND BOP. GIH w/pump and rods. HO RD MO.

11-4-90: Complete. Drop from Report.

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

SIGNATURE L. M. Sanders TITLE Reg. & Proration Supv. DATE 11-9-90

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

(This space for State Use)

APPROVED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: