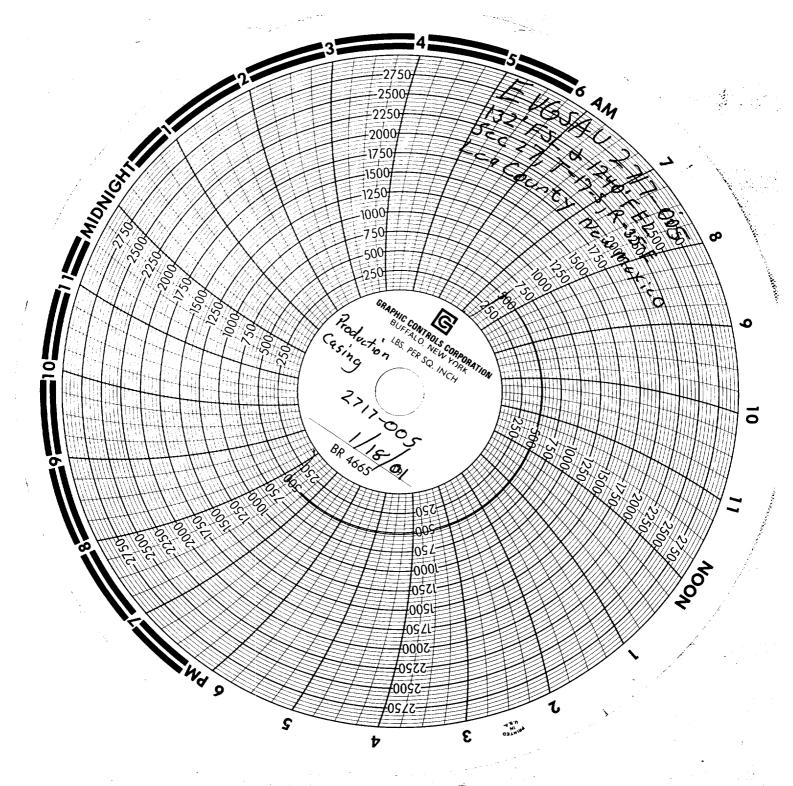
	New Mexico	Form C-103
District I	and Natural Resources	Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240 District II OII CONSED	VATION DIVISION	30-025-26551
811 SOULT FIRST ARTESIAL NM 8/210	South Pacheco	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa I	Fe, NM 87505	STATE X FEE
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505	,	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS	ON MELLS	B-1402-2
(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:
1. Type of Well: Oil Well Gas Well Other WATER I	N.1FCTOR	EAST VACUUM GB/SA UNIT TRACT 2717
2. Name of Operator	HOLCTON	8. Well No.
Phillips Petroleum Company		W005
3. Address of Operator		9. Pool name or Wildcat
4001 Penbrook Street, Odessa, TX 79762 4. Well Location		VACUUM GB/SA
Unit Letter P: 132' feet from the	e SOUTH line and	1240' feet from the EAST line
Section 27 Township	17-S Range 35-E	NMPM County LEA
	whether DR, RKB, RT, GR, etc 937' RKB - 3927' GL	(c.)
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDO		ALTERING CASING [
TEMPORARILY ABANDON	COMMENCE DRILLI	
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	ABANDONMENT -
OTHER:	OTHER: REPAIR HO	DLE IN TBG, RET T/INJECTION. [
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.		
O1/18/2001 MIRU DDU ND WH NU BOP COOH W/TBG & PKR FOUND HOLE IN 1ST JT 12" DWN TAG FILL @ 4679' GIH W/5-1/2 X 2-7/8 4.781 OD NKL PLTD OD PLSTC CTD ID LOCKSET PKR, 5-1/2 X 2-3/8 NKL PLTD 4.375 XL ON/OFF TL W/1.875 F NIP, 134 JTS 2-7/8 DOULINE TBG, 1 JT 2-7/8 EXTER WRAP DOULINE TBG & 1 4' SS SUB ND BOP NU WH TST CSG T/500 PSI OK (CHART ATTACHED) RDMO DDU WELL ON INJECTION, COMPLETE DROP F/REPORT.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Senior Regulation Analyst DATE 01/29/01 Telephone No. (915)368-1488		
(This space for State use)	0 802.431 9.9 4	
APPROVED BY	TITLE Fills for	
Conditions of approval, if any:	ATTIME OF CHARLES OF SECTION	DATE



37.

CIGSALL, ST. COS ST. C. Stocero

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