

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-26579
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2073
7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT TRACT 2944
8. Well No. 001
9. Pool name or Wildcat VACUUM GRAYBURG/SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3963.4' GL

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INJECTION
2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762
4. Well Location Unit Letter B : 10 Feet From The NORTH Line and 1330 Feet From The EAST Line Section 29 Township 17S Range 35E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3963.4' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>INTEGRITY TEST</u> <input checked="" type="checkbox"/>

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.
05/19/2000 PERFORMED INTEGRITY TEST (CHART ATTACHED).

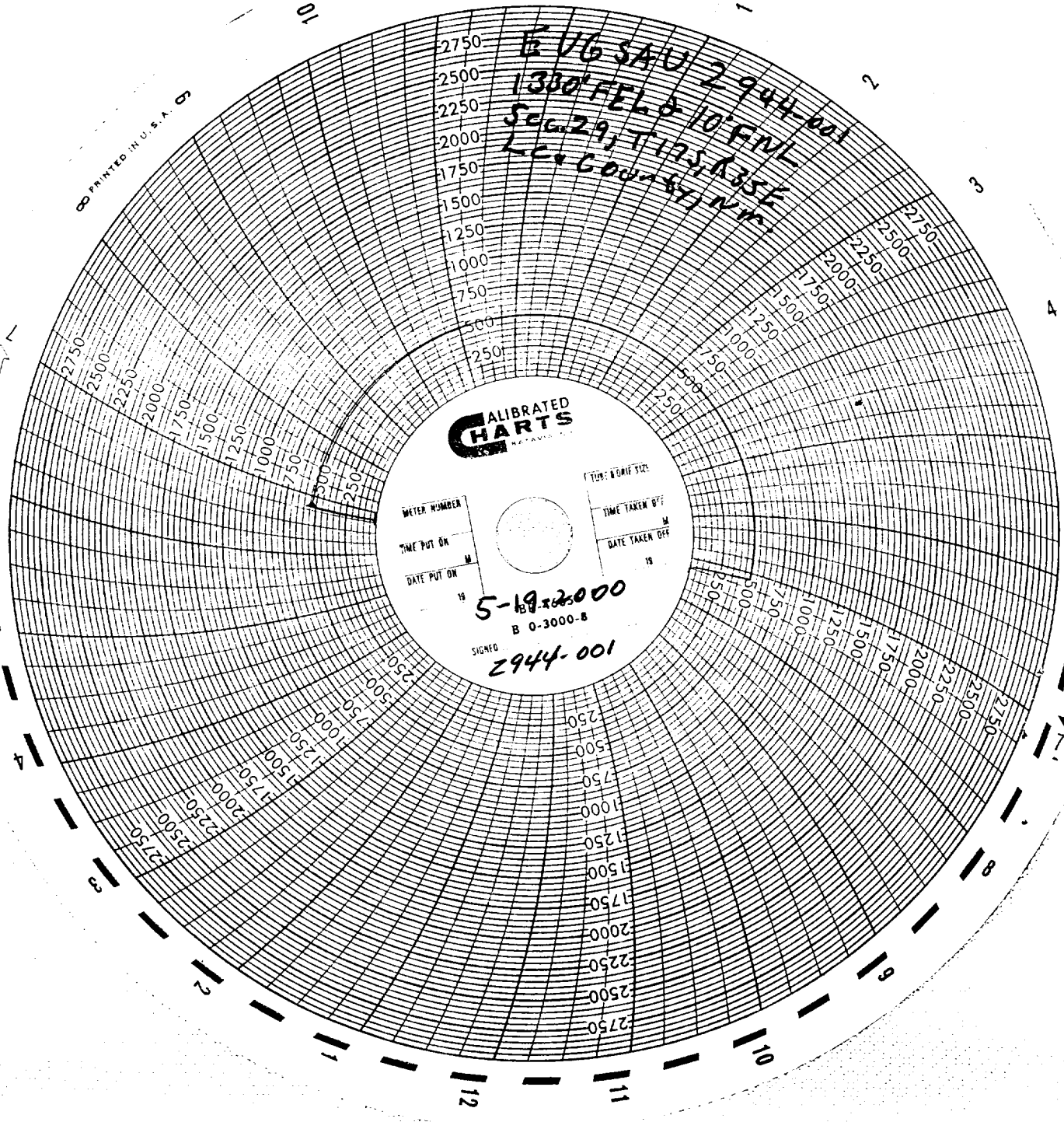
I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE *Larry M. Sanders* TITLE Senior Regulation Analyst DATE 06/06/2000
TYPE OR PRINT NAME Larry M. Sanders TELEPHONE NO. (915) 368-1488

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE JUL 05 2000
CONDITIONS OF APPROVAL, IF ANY:

JCS

PRINTED IN U.S.A.

DAY



16 V6 SAU 2-9-44-001
 1300' FLD 10 FIML
 Sec. 29, T173, R35K
 Lec. Co. 471 N.W.

CALIBRATED
CHARTS
REG. PAT. U.S. & CAN.

METER NUMBER _____
 TIME PUT ON _____
 DATE PUT ON _____
 TIME TAKEN OFF _____
 DATE TAKEN OFF _____

5-19-2000
 B 0-3000-B
 SIGNED
 2944-001