

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.
30-025-26685

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-2273-2

7. Lease Name or Unit Agreement Name
**EAST VACUUM GB/SA UNIT
TRACT 3456**

8. Well No.
009

9. Pool name or Wildcat
VACUUM GRAYBURG/SAN ANDRES

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 GAS WELL OTHER WATER INJECTION

2. Name of Operator
Phillips Petroleum Company

3. Address of Operator
4001 Penbrook Street, Odessa, TX 79762

4. Well Location
Unit Letter **F** : **2500'** Feet From The **WEST** Line and **1400'** Feet From The **NORTH** Line
Section **34** Township **17-S** Range **35-E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3919' GR, 3947' RKB

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: PERFORM RTP <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.
09/13/96 PERFORMED RTP & RAN CHART.

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 **09/20/96**

TYPE OR PRINT NAME **Larry M. Sanders** TELEPHONE NO. **(915)368-1488**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE **SEP 27 1996**

CONDITIONS OF APPROVAL, IF ANY: