Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			-		
DISTRICT I	OIL CONSERVA	OITA	N DIVISION	WELL API NO. 27114	
P.O. Box 1980, Hobbs NM 88240	P.O. Box 2088			WELL API NO. 30-025-27339	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate pe of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS				B-2245	
(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:				EAST VACUUM GB/SA UNIT TRACT 1952	
OIL GAS WELL	OTHER WATER INJECTION			1KAC1 1952	
2. Name of Operator Phillips Petroleum Company				8. Well No. 002	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762				9. Pool name or Wildeat VACUUM GB/SA	
4. Well Location Unit Letter F : 260	1	ORTH	Line and 140		
Section 19	Township 17 S	Ra: w whether	nge	NMPM LEA County	
			3988' GR		
		licate l		Report, or Other Data	
NOTICE OF II	NTENTION TO:		SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	X	REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLIN			G OPNS. PLUG AND ABANDONIMENT	
PULL OR ALTER CASING			CASING TEST AND CE	MENT JOB .	
OTHER:			OTHER:		
12. Describe Proposed or Completed Operators SEE RULE 1103.	erations (Clearly state all perti	nent deta	ills, and give pertinent dat	tes, including estimated date of starting any proposed	
1. MIRU. NU BOP. LAY	DOWN INJECTION EC	UIPME	ENT. SET 4-1/2'	" CIBP AT 4506'. CIRCULATE CSG	
W/9.5 MUD-LADEN FLU	ID.		•		
2. SPOT PLUG NO. 1 (25 3. SPOT PLUG NO. 2 (25				ANDRES AND GRAYBURG.	
4. SPOT PLUG NO. 2 (25			COVERS THE YATE COVERS THE SALT		
5. SPOT PLUG NO. 4 (35	SX CMT) 436'-3'.		TILL MANUMENT	WINTE	
6. CUT OFF CASING 3' B	ELOW GROUND LEVEL.	1N2	STALL MONUMENT P	MARKER. PERFORM RECLAMATION WORK	

I hereby certify that the information above is to		_		EG. AFFAIRS DATE 3/2/95	
TYPE OR PRINT NAME M. SANDER				TELEPHONE NO.915/368-1488	
				313/300-1466	
Pau	Signed by, I Kautz			MAR 07 1995	
	ologist	тпт	£	DATE	
CONDITIONS OF APPROVAL, IF ANY:					

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