Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office	energy, Minerals and Natur	rai Resources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVAT		WELL API NO.
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-27337
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease STATE X FEE
			6. State Oil & Gas Lease No. B-1404-2
	ICES AND REPORTS ON V		
	OPOSALS TO DRILL OR TO DEEF RVOIR. USE "APPLICATION FOR :-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT TRACT 2416	
1. Type of Well: OIL GAS WELL WELL			
2. Name of Operator	OTHER WA	IEK INJECTION	8. Well No.
Phillips Petroleum Comp	any		8. Well No. 002
3. Address of Operator 4001 Penbrook Street, C			9. Pool name or Wildcat VACUUM GB/SA
4. Well Location Unit Letter I : 135	O Feet From The SOU	ITU 14	
Unit Letter 1 : 133	Feet From The SOU	Line and	50 Feet From The EAST Line
Section 24	Township 17 S	Range 34 E	NMPM LEA County
	10. Elevation (Show w	vhether DF, RKB, RT, GR, etc	E.) County
11. Chock Ar	nronriato Pov to India	3990.7' GR	Parast as Cil.
NOTICE OF I	opropriate Box to Indica NTENTION TO:	1	Report, or Other Data
			SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER:	
12 Describe Proposed or Completed On	protions (Closely state all a settle se	43.47	
WOLK) SEE ROLE 1103.			tes, including estimated date of starting any proposed
	SX CMT) 4096'-3996'	CIRCULATE CSG	W/9.5 MUD-LADEN FLUID.
3. SPOI PLUG NO. 2 (25	SX CMT) 2890'-2790'	'. COVERS THE YAT	ES.
4. SPOT PLUG NO. 3 (25	SX CMT) 1725'-1625'	. COVERS THE SAL	T TOP.
SPOT PLUG NO. 4 (30	SX CMT) 402'-3'.		
6. CUT OFF CASING 3' B	ELOW GROUND LEVEL.	INSTALL MONUMENT	MARKER. PERFORM RECLAMATION WO
I hereby certify that the information above is t	rue and complete to the best of my know	wledge and belief.	
SIGNATURE SIGNATURE	inlu	TITLE SUPERVISOR, R	FG AFFAIRS Non 2/2/05
		JUFER ISUK, K	REG. AFFAIRS DATE 3/3/95
TYPE OR PRINT NAME M. SANDER	28		TELEPHONE NO. 915/368-148
(This space for State Use)	Orig. Signed by		
	Paul Kautz		MAR 07 1995
APPROVED BY	Geologist	TITLE	D. (1997)