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Submit 3 Copies To Appropriate District Office	State of Ne	Form C-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVA	TION DIVISION	30-025-28428
811 South First, Artesia, NM 87210 District III	2040 Sout	h Pacheco	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE X FEE
2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No. B-1520
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPO	ES AND REPORTS ON SALS TO DRILL OR TO DEE		7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)			
1. Type of Well:			BRIDGES STATE
Oil Well Gas Well Other WATER INJECTION WELL			
2. Name of Operator Phillips Petroleum Company			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
4001 Penbrook Street Odessa, TX 79762			VACUUM GRAYBURG/SAN ANDRES
4. Well Location			
Unit Letter0 :	5 feet from the	SOUTH line and	2550 feet from the EAST line
Section 26	Township 17	'S Range 34E	NMPM County LEA
		ether DR, RKB, RT, GR, e	
11 Charle A	name wints Day 4 T 1	4018' GR	
NOTICE OF INTE	ppropriate Box to Ind	•	, Report, or Other Data
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	SSEQUENT REPORT OF:
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ALTERING CASING [
_			- ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	'
OTHER:		OTHER: REPAIR T	UBING LEAK, RUN CSG INTEGRITY TEST. [
12. Describe Proposed or Completed	Operations (Clearly state	e all pertinent details, and a	give pertinent dates, including estimated date
of starting any proposed work).	SEE RULE 1103. For Mu	ultiple Completions: Attach	n wellbore diagram of proposed completion
or recompilation.			7 1 1 Provide
04/11/01 MIRU POOL DDU #68	81 NU BOP REL LOCKSET	PKR COOH SISD.	
04/12/01 REDRESS LOCKSET	INJ PKR GIH W/TBG, RE	PLACE TOP JOINT.RIG U	P PUMP TRUCK & CIRCULATE PKR FLUID
CSG TEST GOOD.	ND BOP & SET PKR @ 4	39/'- 141 JTS. PRESS (JP ON CSG TO 350 PSI & 30 MIN CHART.
	330 PSI FOR 21 MIN. L	OST 10 PSI, ENDING PRE	ESS 320 PSI, TESTED OK, WELL PUT BACK
ON INJ.		,	TO SEE TO BACK
hereby certify that the information above is	true and complete to the be	est of my knowledge and balic	f
		1	
SIGNATURE () Mindes (o	ros Dandows	PITLE SUPERVISOR, REG	. & PRORATION DATE 05/01/01
Type or print name LARRY M. SANDERS	<u> </u>		Telephone No. 915/368-1488
This space for State use)			
APPROVED BY		7777 E	The Walk Control
Conditions of approval, if any:		TITLE	DATE

