

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-99

**OIL CONSERVATION DIVISION**

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88240

P.O. Box 2088

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-30436
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	A-1320
7. Lease Name or Unit Agreement Name	VACUUM GLORIETA EAST UNIT TRACT 1
8. Well No.	5
9. Pool name or Wildcat	VACUUM GLORIETA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

**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

2. Name of Operator  
Phillips Petroleum Company

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

4. Well Location  
Unit Letter N/L <sup>137</sup> 1286 Feet From The SOUTH Line and <sup>1234</sup> 1333 Feet From The WEST Line  
Section 28 Township 17 S Range 35 E NMPM LEA County

SFL  
BAL

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>RAN CASING 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.

2/8/95 MI RU. COOH W/ PRODUCTION EQUIP.  
2/9/95 GIH W/ PKR AND TEST CASING TO 500# HELD OK. COOH W/ PKR. GIH W/SN, TUBING, PUMP, AND RODS. HANG WELL ON AND START PUMPING. RD NO DDU.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE [Signature] TITLE SUPERVISOR, REG. AFFAIRS DATE 3/17/95  
TYPE OR PRINT NAME L. M. SANDERS TELEPHONE NO. 915/368-1488

(This space for State Use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

MAR 22 1995

JNS



