

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.
30-025-30805

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
A-1320

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

7. Lease Name or Unit Agreement Name

Vacuum Glorieta East Unit
Tract 1

8. Well No.
7

9. Pool name or Wildcat
Vacuum Glorieta

4. Well Location
Unit Letter M : 430 Feet From The South Line and 330 Feet From The West Line
Section 28 Township 17-S Range 35-E NMPM Lea County

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Casing Integrity Test ☒

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.

03-01-94 - COOH w/rods and tubing. GIH w/5-1/2" pkr.

03-02-94 - Set pkr. at 5852'. MI RU Pressure Casing to 500#. Held Okay. RD MO Release pkr. and COOH. GIH w/2-7/8" SN; 10 Jts. 2-7/8" tubing; anchor; and remainder of tubing. Total Jts. 194; 6213'; Tubing Anchor set at 5889'. ND BOP. PU pump and rods. Returned well to production. RD MC DDU.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE L. M. Sanders

TITLE Supv. Regulatory Affairs DATE 03-02-94

TYPE OR PRINT NAME L. M. Sanders

(915)
TELEPHONE NO. 368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____

Orig. Signed by
Paul Kautz
Geologist

DATE APR 08 1994

CONDITIONS OF APPROVAL, IF ANY:

