Submit 3 Copies To Appropriate District Office	State of New Energy, Minerals and		Form C-103 Revised March 25, 1999			
District 1	Ellergy, Willietung and Pattara Teoperator		WELL AI	WELL API NO.		
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION			30-025-32063		
811 South First, Artesia, NM 87210	<del>-</del> :		5. Indicat	5. Indicate Type of Lease		
District III	2040 South Pacheco		ST	STATE X FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505					
2040 South Pacheco, Santa Fe, NM 87505			1	6. State Oil & Gas Lease No. B-1400-3		
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name:		
(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.)			EAST VAC	EAST VACUUM GB/SA UNIT		
1. Type of Well:			TRACT 33	TRACT 3366		
Oil Well X Gas Well Other			8 Well N	8. Well No.		
2. Name of Operator				1		
Phillips Petroleum Company				9. Pool name or Wildcat		
3. Address of Operator			1	VACUUM GB/SA		
4001 Penbrook Street, Odessa, TX 79762				VACUUM GB/ SA		
4. Well Location						
Unit Letter E :	1560 feet from the	NORTH line and_	1080	_ feet from the	WEST line	
Section 33	Township 17-	-s Range 35-E	NMPM	Count	y LEA	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3947' GR						
1.1 Chapte	Appropriate Box to Ind		ce Report (	or Other Data		
		icate Nature of Noti	unorour;		OE.	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K	L ALTE	RING CASING L	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A	ND			
ATUES THE CHILD	CONTRACTION	X OTHER:			Г	
OTHER: REACTIVATE						
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.						
				र नगर क्रमा. स्ट	AS TUBING AND	
INSTALL OR LAY NEW SURFA		NIGHT SHUT-IN TEMPER			VEIL WILL THEN	
PACKER IN THE MOUNT. THE MOUNT HE PACKET IN THE PACKET IN						
BE TESTED FOR REACTIVATION POTENTIAL.						
I hereby certify that the information above	e is true and complete to the	pest of my knowledge and b	elief.			
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SIGNATURE Can Cucay for	1 4 W. Llender	TITLE SUPERVISOR,	REG./PROR.	DATE _	7-30-01	
Type or print name L. M. SANDERS				Telephone No.	(915) 368-1488	
		± 1	O.S	F		
(This space for State use)		Orig.	Niemeš kr		MI 3 1 700°	

TITLE

S APPROVED BY Conditions of approval, if any:

\_DATE\_