Submit to Appropriate District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-32065

5. Indicate Type of Lease STATE [X] FEE [ ]

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: East Vacuum Gb/SA Unit

2. Name of Operator: Phillips Petroleum Company

8. Well No. 011 Tract 3229

3. Address of Operator: 4001 Penbrook Street, Odessa, Texas 79762

9. Pool name or Wildcat: Vacuum Gb/SA

4. Well Location
Unit Letter M : 829 Feet From The South Line and 36 Feet From The West Line

Section 32 Township 17-S Range 35-E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
4900'	San Andres	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3971.2' GL	Blanket	NA	Upon Approval

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	54.5#	1550'	1000 sx 'C'	Surface
* 12-1/4"	9-5/8"	36#	3000'	500 sx 'C' Tail w/	
				150 sx 'C'	Surface
7-7/8"	5-1/2"	15.5#	4900'	400 sx 'C' Tail w/300 sx 'C'	4000' TOC

*Intermediate casing will only be used if water flow encountered.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE [signature] TITLE Supv.Regulatory Affairs DATE 06-23-93

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. (915) 368-1488

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JUL 20 1993

CONDITIONS OF APPROVAL, IF ANY: