Submit 3 Copies to Appropriate District Office

State of New Mexico En , Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II BO DESCRIPTION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30–025–32067
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	STATE X FEE 6. State Oil & Gas Lesse 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.)	7. Lease Name or Unit Agreement Name
1. Type of Well: Oil GAS WELL X WELL OTHER	East Vacuum Gb/SA Unit Tract 3202
2 Name of Operator Phillips Petroleum Company	8. Well No.
1. Address of Operator	9. Pool same or Wildcat
4001 Penbrook St., Odessa, Texas 79762	Vacuum Gb/SA
Unit Letter P: 1158 Feet From The South Line and 850	Feet From The <u>East</u> Line
Section 32 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 P	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARII V ARANIDON	ALTERING CASING
DUIL OF ALTER CARING	
OASING TEST AND CE	
OTHER. S-SALASA	out & acidized x
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclusivers). 	ding estimated date of starting any proposed
3/23/94 MIRU DDU. COOH with rods and pump. ND well head	NU BOP. COOH with the
FU Casing Scraber. (TH FOO 4587)	-
3/24/94 COOH with casing scraper. PU GIH with tail pipe a and pkr set at 4151'. Pump 500 gals of xylene. If	and pkr. with tp at 4589' Mix and pump 20 bbls of
riesh water and in dars of in 430.	
3/28/94 COOH with pkr. GIH with SN, 12 its of 2-7/8" that	tac and 124 its of 2 7/0"
tbg. TAC at 4208' and SN at 4587'. GIH with pump 3/31/94 Test 24 hrs 6 BOPD 259 BWPD 274 MCF.	% rods.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SKONATURE J.M. Mandles TITLE Supervisor, R	Reg. Affairs DATE 4/4/94
TYPE OR PRINT NAME L. M. Sanders	TELEPHONE NO.
	D BY JERRY SEXTON APP OF 4004
APPROVED BY TITLE	SUPERVISOR APR 0 6 1994
CONDITIONS OF APPROVAL, IP ANY:	