Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

__ DATE ____

DISTRICT I	OIL CONSERVA	TION DIVISION		
P.O. Box 1980, Hobbs NM 88240		ox 2088	WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New M	Iexico 87504-2088	30-025-32368 5. Indicate Type of Lease	
DISTRICT III			STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410)		6. State Oil & Gas Lease No. B-1861	
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"			7. Lease Name or Unit Agreement Name	
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:		VACUUM GLORIETA EAST UNIT		
	Oil		tract 38	
2. Name of Operator			8. Well No.	
Phillips Petroleum Company			38 3	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762			9. Pool name or Wildcat 93 Vacuum 6 lorieta	
4. Well Location Unit Letter N : 11:		UTH Line and 14	05 WEST	
	1 cot From The	Life and T-	Feet From The WES! Line	
Section 29	Township 17-\$	Range 35-E	NMPM LEA County	
	10. Elevation (Show	whether DF, RKB, RT, GR, et	c.)	
3973' GR				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:		SSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	CASING TEST AND CEMENT JOB	
OTHER:		OTHER: RE-PERF	DRATE	
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.				
12/07/94 MIRU DDU, COOH W/TBG, NU BOPE, SDON.				
12/08/94 RU PENETRATORS, GIH W TBG, CONNECT UP PENETRATOR TOOL ASSMEBLY, MIRU HLS ELECT.,				
GIH W/GR-CCL LOGGING TOOL, POOH W/ELECT LINE. SPACE OUT TBG. POSITION PENETRATOR				
PUNCH TOOL @ 6166, COMPLETE THE PENETRATION TREATMENT AS FOLLOWS:				
1. 6166' O DEG, 350 GAL KCL 100 15% 2. 6161' 90 DEG, SAME AS ABOVE.				
3. 6156' 280 DEG, SAME AS ABOVE				
4. 6153' 270 DEG, SAME AS ABOVE				
	DEG, SAME AS ABOVE	•		
6. 6130' 90	DEG, SAME AS ABOVE			
7. 6126' 180	D DEG, SAME AS ABOVE			
8. 6122' 270	D DEG, SAME AS ABOVE	_	VER)	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE .	$V \sim$	_	ECIALIST DATE 09/15/95	
TYPE OR PRINT NAME M CANDE		NEMOLESTUN SP		
L. H. SAML	<u> </u>		TELEPHONE NO.915/368-1488	
(This space for State Use)			**	
		•	OCT 02 1 995	
APPROVED BY		TITLE	DATE	

SP 1 1

96/81/60 96/11/10

PUMP 24 HRS, NO GUAGE, TEMP DROP FROM REPORT.
AUGUST 22, 1995 TEST, PUMP 24 HRS, 1 BO, 1 BW, 1MCF S6/01/10 FLOW/PRODUCTION TEST, RECOVERED 1 BO, 3 BW, 1 MCF. S6/60/I0 RDWO DDU, WELL TESTING NO GUAGE.

RU DDU, GIH W/PUMP & RODS, HANG WELL ON, BEGIN PUMPING, 96/80/TO RDMO DDU, TEMP DROP FROM REPORT 12/12/95 15/11/62 **PEDON** 15/10/62 **ZDON** RU SWAB, NO FLUID RECOVERED, SDON. COOH M\LBC' COOH M\bENELEYLOK LOOTS' CIH M\MZ OBEN ENDED' START OUT OF HOLE W/TBG, SDON.

6' e111, 0 DEG' 320 CYT KCT 100 12%'

COMPLETE DROP FROM REPORT.