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

District Office				
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION		WELL API NO.	
P.O. Box 1980, Hoods NM 88240  P.O. Box 2088  Santa Fe, New Mexico 87504-2088  P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease	5-32662	
DISTRICT III			6. State (bil & Gas Loase N	ATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			A-1:320	io.
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 Age EAST VACUUM GB/	
I. Type of Well: OIL GAS WELL WELL OTHER INJECTION				
2. Name of Operator Phillips Petroleum Company			8. Well No. 384	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762			9. Pool name or Wildcat VACUUM GRAYBU	DC/SAN ANDDES
4. Well Location				
Unit Letter 0 : 82	5 Feet From The SOUTH	Line and 25	Feet From The	EAST Line
Section 32	Township 17-S Ra	nge 35-E	NMPM LEA	County
	10. Elevation (Show whether	3959'GR		
11. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other 1	Data
NOTICE OF INTENTION TO: SUE			SEQUENT REP	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERI	NG CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG A	ND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOE	
OTHER:		OTHER: STIMULAT	TE WELL	
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent deta	ails, and give pertinent da	tes, including estimated date	of starting any proposed
W/BREAKER, AI Flow Back 43:	MP 9000 GALS 15% FERCHEOND 31 BBLS WATER, RD MO 1 BBLS LOAD, START INJECT	HES, HOOK UP FO	OR FLOW BACK, OP	
•	BWPD @ 1050#. BWPD @ 1195#.			
07/30/95 INJECT @ 748	BWPD @ 1190#			
COMPLETE DROI	P FROM REPORT.			
I hereby certify that the information above is	true and complete to the best of my knowledge	and belief.		
SIGNATURE . M.	Zosders TM	E REGULATION SP	PECIALIST DAT	TE <u>08/23/95</u>
TYPE OR PRINT NAME   M. SANDE	RS	· · · · · · · · · · · · · · · · · · ·	TELEPHON	NE NO.915/368-1488
(This space for State Use) ORIGINAL				
APPROVED BY	TITI	Æ	DA1'E	AND 28 135