Submit 3 Copies

State of New Mexico

Form C-103

____ DATE ___

to Appropriate District Office	Energy, Minerals and Natural R	esources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088		WELL API NO. 30-025-32665	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-2863-2
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 GA. WELL X WE	S OTHER		EAST VACUUM GB/SA UNIT
2. Name of Operator			8. Well No. 387
Phillips Petroleum Company			9. Pool name or Wildcat
3. Address of Operator 4001 Penbrook Stree	t, Odessa, TX 79762		VACUUM GB/SA
4. Well Location Unit Letter::	1440 Feet From The SOUTH	Line and 5	O8 Feet From The WEST Line
Section 33	Township 17S R	ange 35E	NMPM LEA County
Section 33	10. Elevation (Show wheth	er DF, RKB, RT, GR, et 3953' GR	
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	ALTERING CASING
	CHANGE PLANS	COMMENCE DRILLIN	
TEMPORARILY ABANDON		CASING TEST AND C	
PULL OR ALTER CASING OTHER:		l .	FACE AND PRODUCTION CASING
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.			
10/30/94 SPUD 12-1/4" HOLE.			
10/31/94 SPOD 12-1/4 HOLE. 10/31/94 PU AND RAN 40 JTS 8-5/8" J-55 24# CSG TO 1628'. FLOAT COLLAR @ 1582'. RU AND CM W/600 SX CLASS C CMT AND TAIL W/150 SX CLASS C CMT. WOC.			
11/01/94 DRILLING 7-7/8" HOLE.			
11/06/94 PU AND RAN 133 JTS 5-1/2" J-55 15.5# CSG. GUIDE SHOE 04750', FLOAT COLLAR 04707' MIX AND PUMP 700 SX LEAD CLASS C CMT AND TAIL W/250 SX CLASS C 50/50 POZ CMT. WO RELEASE RIG.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE SUPERVISOR, REG. AFFAIRS DATE 11/16/94			
TYPE OR PRINT NAME M S	ANDERS		TELEPHONE NO.915/368-1488
(This space for State Use) (A)	GAAL SIGNED BY		Nov 2 3 1994

_ TITLE _

GARY WINK FIELD REP. II