Office	Energy, Minerals and Natural Resources			Form C-10			
<u>District I</u> 1625 N. French Dr., Hobbs, NM 87240	Zhorgy, withoras and warrar resources			Revised March 25, 1999 WELL API NO.			
District II	OIL CONSERVATION DIVISION			30-025-34834			
811 South First, Artesia, NM 87210 District III	2040 South Pacheco			5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE X FEE				
2040 South Pacheco, Santa Fe, NM 87505				6. State Oil MC20353	& Gas Lease 1	No.	_
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.) 1. Type of Well: Oil Well Gas Well Other X				7. Lease Name or Unit Agreement Name: EAST VACUUM GB/SA UNIT TRACT 3127			
Oil Well Gas Well Other X 2. Name of Operator							
Phillips Petroleum Company				8. Well No. #397			
3. Address of Operator 4001 Penbrook Street Odessa, TX 79762				9. Pool name or Wildcat			
4. Well Location	. IX /9/62			VACUUM GRA	YBURG/SAN AN	<u>NDRES</u>	_
Unit Letter J:	1885 feet from the	FSL	line and	2630 f	eet from the	FEL lin	e
Section 31	Township 17			NMPM	Coun	ity LEA	
	10. Elevation (Show who	ether DR, R. 3977' GL		c.)	are sentence		8
11. Check A	ppropriate Box to Ind			Report or (Other Data		₩ ₩
NOTICE OF INTE	ENTION TO:	1			REPORT	OE:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMI	EDIAL WORK	OLGOLINI		RING CASING	ı
TEMPORARILY ABANDON	CHANGE PLANS	СОМ	MENCE DRILLII	NG OPNS.	☐ PLUG	S AND	
PULL OR ALTER CASING	MULTIPLE COMPLETION		NG TEST AND ENT JOB		☐ ABAN	NDONMENT	
OTHER: FRAC STIMULATE UPPER SA	4	(X) OTHE	:R·				ſ
12. Describe Proposed or Completed of starting any proposed work). or recompilation.	l Operations (Clearly state SEE RULE 1103. For Mu	all pertinen	t details and giv	ve pertinent d wellbore diag	ates, including ram of propose	estimated date	
12/21/00 PROPOSAL TO FRAC	TURE STIMULATE IN THE	UPPER SAM	ADRES INTER	VAL F/4346-	4450' TO INC	CREASE	
I hereby certify that the information above i	s true and complete to the he	- A - C 1	1.1. 11.1.0				,
))	st of my knov	nedge and belief.				
SIGNATURE / Sulution		ritle <u>SUP</u> V	/ REGULATIO	N/PRORATION	DATE_	01/22/01	
Type or print name L. M. SANDERS				Te	lephone No.	(915)	
(This space for State use)	-						
APPROVED BY		TITLE	Constant		DATE_UA	N 3 1 2001	
or approvat, it any.			2.85				