

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-02887
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-2735
7. Lease Name or Unit Agreement Name	EAST VACUUM GB/SA UNIT TRACT 2672
8. Well No.	004
9. Pool name or Wildcat	VACUUM GRAYBURG/SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3924' DF, 3924' RKB

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	4. Well Location Unit Letter A : 660' Feet From The NORTH Line and 660' Feet From The EAST Line Section 26 Township 17-S Range 35-E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3924' DF, 3924' RKB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: DEEPEN 60', ACIDIZE, & RET. T/PROD. ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

DEEPEN WELL 60' TO 4620' RKB, TREAT FOR SULFATE SCALE IF NEC., ACIDIZE SAN ANDRES
FORMATION 4480-4620' W/4500 GAL FERCHECK 15% HCL ACID, & REACTIVATE SI WELL.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Senior Regulation Analyst DATE 07/01/96

TYPE OR PRINT NAME Larry M. Sanders

TELEPHONE NO. (915) 368-1488

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: [Signature]

JUL 10 1996