

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

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

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

WELL API NO.	30-025-02904
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	R-1839
7. Lease Name or Unit Agreement Name	EAST VACUUM GB/SA UNIT TRACT 2738
8. Well No.	002
9. Pool name or Wildcat	VACUUM GRAYBURG/SAN ANDRES
4. Well Location	Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line
Section <u>27</u> Township <u>17 S</u> Range <u>35 E</u> NMPM <u>LEA</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3938' GR</u>

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 WATER INJECTION

2. Name of Operator  
Phillips Petroleum Company

3. Address of Operator  
4001 Penbrook Street, Odessa, TX 79762

4. Well Location  
Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line  
Section 27 Township 17 S Range 35 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3938' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>INSTALLED WATER INJECTION LINE</u> <input checked="" type="checkbox"/>	

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.

12/31/94 OPEN UP TO INJECT WATER.  
01/02/95 INJECTED WATER AT 1105 BWPD @ 700#.

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

SIGNATURE J. M. Sanders TITLE SUPERVISOR, REG. AFFAIRS DATE 01/05/95  
TYPE OR PRINT NAME J. M. SANDERS TELEPHONE NO 915/368-1488

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 10 1995  
CONDITIONS OF APPROVAL, IF ANY:

801 91 400

RECEIVED

1985

CLINT PROBBS  
OFFICE