

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

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

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

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

WELL API NO. 30-025-26381
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1840-1

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 <u>0</u> : <u>1310</u> Feet From The <u>South</u> Line and <u>1330</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>17-S</u> Range <u>35-E</u> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3943' RKB; 3929' GL

7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Tract 2739
8. Well No. 006
9. Pool name or Wildcat Vacuum Gb/SA

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 checked="" 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: _____ <input 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.

Last test 04-29-91: 118 BOPD, 728 BWPD, 193 MCF/D
 05-07-91: RU DDU. COOH w/tubing and submersible pump.
 RU Charger & acidize w/7000 gals of 15% NEFe HCl w/clay stabilizer w/5% 425. Max. Press.: 2400#; ISIP: 900#.
 Squeeze with 4 drums of 756 scale inhibitor. COOH w/tubing & packer. GIH w/ 140 jts of 2-7/8" tubing & submersible equipment. ND BOP. RD DDU.
 05-19-91: 292 BOPD, 1426 BWPD, 504 MCF/d.
 Job complete.

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

SIGNATURE *L. M. Sanders* TITLE Reg & Proration Supv DATE 05-31-91
 TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 368-1387

(This space for State Use)

APPROVED BY Paul Kautz TITLE Geologist DATE _____

CONDITIONS OF APPROVAL, IF ANY: