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.
30-025-20516

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & Gas Lease No.
B-2229

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

Philmex

1. Type of Well:
OIL WELL ☐   GAS WELL ☐   OTHER SWD Inject

2. Name of Operator
Phillips Petroleum Company

8. Well No.
9

3. Address of Operator
4001 Penbrook St., Odessa, Texas 79762

9. Pool name or Wildcat Maljamar
Vacuum Gb/SA GB/SA

4. Well Location

Unit Letter __B__ : __660__ Feet From The __North__ Line and __1980__ Feet From The __East__ Line

Section 26   Township 17-S   Range 33-E   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4148' GR

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: _____ ☐	

SUBSEQUENT REPORT OF:

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

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.

10/6/93 MIRU to acidize perfs from 4960' to 5090'. Test lines to 3500#, pump 3000 gals 20% HCL with additives. Displace with 35 bbls of produced water. Rate 2.5 BPM Max pressure 1635# ISIP 995 5 min SITP 588#. Hook well back into injection and start injection.

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

SIGNATURE _L. M. Sanders_   TITLE _Supv., Reg. Affairs_   DATE _10/18/93_

TYPE OR PRINT NAME L. M. Sanders   TELEPHONE NO. 915/368-1488

(This space for State Use)

Signed by
Paul Kautz
Geologist

APPROVED BY _____   TITLE _____   DATE OCT 22 1993

CONDITIONS OF APPROVAL, IF ANY:

J, C, B