

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

30-025-01515

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-2148

7. Lease Name or Unit Agreement Name

Leamex

8. Well No.
#6

9. Pool name or Wildcat
Leamex (Penn)

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 ☐

2. Name of Operator
Phillip Petroleum Company

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

4. Well Location
Unit Letter L : 1910 Feet From The South Line and 730 Feet From The West Line
Section 23 Township 17-S Range 33-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc)
4159' 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: ☐

SUBSEQUENT REPORT OF:

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

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.

5-21-91 RU ACID ENGINEERING, TEST 500 PSI. PUMP 1,000 GAL PENTAL 200, PUMP 500# GELLED BRINE- 50% SACT & 50% VENZOTE. PUMP 1000 GAL PENTAL 200 & 500# GELLED BRINE, PUMP 2000 GAL PENTAL 200.

5-28-91 GIH W/PRODUCTION TUBING.

5-29-91 GIH W/RODS HANG WELL ON.

5-30-91 PUMPED 24 HRS. REC 15 OIL & 51 WATER, 66 GAS

6-17-91 PUMPED 24 HRS. REC: 38 OIL, 2 WATER, 112 GAS. PERFS-11284-11352. 2"x 1-1/16" x 20" x 24" PUMP. DROP FROM REPORT.

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

SIGNATURE [Signature] TITLE SUPERVISOR REG. PRORATION DATE 7-22-91
TYPE OR PRINT NAME L.M. SANDERS TELEPHONE NO. 368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MUL 26 1991

MOORE & CO.