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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B1713

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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Phillips Petroleum Company

3. Address of Operator
Rm. B-2, Phillips Bldg., Odessa, Texas 79760

4. Location of Well
UNIT LETTER **B** **330** FEET FROM THE **North** LINE AND **1980** FEET FROM
East **4** **18S** **35E**
THE **East** LINE, SECTION **4** TOWNSHIP **18S** RANGE **35E** NMPM.

7. Unit Agreement Name
Vacuum Abo Unit

8. Unit Agreement No.
2 Tract 13

9. Well No.
4

10. Field and Pool, or Wildcat
Vacuum Abo Reef

15. El **3596** (Specify whether DF, RT, GR, etc.)

12. Locality
Loc

16. 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 ☐ **Acidize** ☐
OTHER ☐

17. 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.

On 2-9-68, Howco treated Abo perms. 8364-8400' with 4000 gals. 28% acid and 2000 gals. 3% acid. AIR 5 BPM. Max. press. 2000#, min. 600#, ISIP vacuum. Swabbed and flow tested well. On 2-12-68, flowed 24 hrs, 24/64" choke, 220 BO, 5 BAW, FTP 220#, GOR 1908. Restored to producing status.

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

SIGNED W. J. Mueller TITLE Associate Reservoir Engineer DATE 2-13-68

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: