

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

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. 30-025-03061
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1502

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"/>	7. Lease Name or Unit Agreement Name Vacuum Abo Unit <i>Atty</i>
2. Name of Operator Phillips Petroleum Company	8. Well No. 59 (Tract 6-I)
3. Address of Operator 4001 Penbrook St., Odessa, TX 79762	9. Pool name or Wildcat Vacuum Abo Reef
4. Well Location Unit Letter F : 2313 Feet From The North Line and 2291 Feet From The West Line Section 5 Township 18-S Range 35-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3971' 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: ☐

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.

2-11 thru

2-15-90: 8950' PTD. MI & RU DDU. COOH w/rods & pump. Installed BOP. COOH w/tbg & RTTS-type pkr. Acidized perfs 8508'-8742' w/8000 gals 15% HCl acid. Swabbed dry. Set 2-3/8" tbg @ 8460' and 2" X 1-1/4" X 22' pump. Pumped 24 hrs.

2-16-90: Pmpd. 24 hrs; 3 BO, 40 BW.
Job complete.

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

SIGNATURE

J. L. Maples

TITLE Assist., Reg. & Pro.

DATE 6/21/90

TYPE OR PRINT NAME J. L. Maples

TELEPHONE NO. 367-1411

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 02 1990