

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

DISTRICT I  
P.O. Box 1980, Hobbs NM 88241-1980

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

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-025-03064

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-6504

7. Lease Name or Unit Agreement Name

VACUUM ABO UNIT  
TRACT 14 BATTERY 1

8. Well No.

2

9. Pool name or Wildcat

VACUUM ABO REEF

**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

Phillips Petroleum Company

3. Address of Operator

4001 Penbrook Street Odessa, TX 79762

4. Well Location

Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line

Section 5 Township 18S Range 35E NMPM LEA County

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

3972' RKB. 3961' GL

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: ADD UPHOLE ABO PERFS & ACIDIZE ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOE ☐

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.

02/03/2000 PROCEDURE TO PERFORATE & ACIDIZE UPHOLE ABO ZONE TO INCREASE OIL PROD & RECOVERY.  
PERF ABO 8422-50', 8480-86' AND 8492-94' W/2SPF PER SCHLUMBER SONIC LOG DATED 8/14/61.

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

SIGNATURE

TITLE Senior Regulation Analyst

DATE

2/28/00

TYPE OR PRINT NAME

Larry M. Sanders

TELEPHONE NO. (916) 368-1488

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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2010  
Received  
Hobbs  
020