

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. 30-025-20888
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2073
7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit
8. Well No. (Tract 0546-119)
9. Pool name or Wildcat Vacuum Gb/SA

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"/>	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook St., Odessa, Texas 79762	
4. Well Location Unit Letter A : 990 Feet From The East Line and 330 Feet From The North Line Section 5 Township 18-S Range 35E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3953' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Last test: 03-05-90. 30 B0, 1 BW & 11.8 MCF gas. RU DDU. COOH w/pumping equipment. Check for scale, no sulfate found. RU Charger to acidize. Acidize w/3500 gals of 15% NEFe Hcl w/2 drums of 425 and drop 2100# of rock salt in 2100 gals of gelled brine.

03-22-90: Pumped 24 hrs. Rec. 16 B0, 19 BW and 1 MCF. GOR 75,330.

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 Asst. Reg. & Proration DATE June 7, 1990
TYPE OR PRINT NAME J. L. Maples TELEPHONE NO. 915/367-1411

(This space for State Use)

ORIGINAL SIGNED BY DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 29 1990

CONDITIONS OF APPROVAL, IF ANY: _____