

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

30-025-23701

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1502

7. Lease Name or Unit Agreement Name

East Vacuum GB/SA Unit  
Tract 0524

8. Well No.

118

9. Pool name or Wildcat  
Vacuum GB/SA

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER ☐

2. Name of Operator

Phillip Petroleum Company

3. Address of Operator

4001 Penbrook Street, Odessa, Texas 79762

4. Well Location

Unit Letter F : 1650 Feet From The North Line and 2310 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.)

3966' RKB - 3956' RKB

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Perforate additional zones & Stimulate ☒

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.

1. MIRU DD WSU INSTALL BOP. COOH W/ 2-7/8" TBG STRING AND SUMERSIBLE EQUIPMENT.
2. PERFORATE THE FOLLOWING ZONES W/ 23 GRAM PREMIUM CHARGES (4" GUNS):

4578-87'	9'	2 SPF	19 SHOTS
4567-69'	2'	2 SPF	5 SHOTS
4555-64'	9'	2 SPF	19 SHOTS
4529-41'	12'	2 SPF	25 SHOTS
4518-26'	8'	2 SPF	17 SHOTS
4505-13'	7'	2 SPF	15 SHOTS

(OVER)

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

SIGNATURE

TITLE Supervisor Reg. Proration DATE 8-16-91

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: