

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. 30-025-20516
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-2229
7. Lease Name or Unit Agreement Name Philmex
8. Well No. 9
9. Pool Name or Wildcat Ma Jaramer Vacuum CB/SA CB/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 ☐ GAS WELL ☐ OTHER <u>SWD Inject</u>
2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook St., Odessa, Texas 79762
4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>17-S</u> Range <u>33-E</u> NMPM <u>Lea</u> County <u></u>

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4148' GR

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: <u>Acidized</u> ☒

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.

10/6/93 MIRU to acidize perms from 4960' to 5090'. Test lines to 3500#, pump 3000 gals 20% HCL with additives. Displace with 35 bbls of produced water. Rate 2.5 BPM Max pressure 1635# ISIP 995 5 min SITP 588#. Hook well back into injection and start injection.

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

SIGNATURE L. M. Sanders TITLE Supv., Reg. Affairs DATE 10/18/93

TYPE OR PRINT NAME L. M. Sanders

TELEPHONE NO. 915/368-1488

(This space for State Use)

Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE OCT 22 1993

CONDITIONS OF APPROVAL, IF ANY: