Submit 3 Copies to Appropriate District Office

State of New Mexico Eneral, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 48240 D.D. CONSERVATION DIVISION D.D. Doz. 2009					WELL API NO.		
P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088					30-025-02087		
P.O. Drawer DD, Ariesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azioc, NM 87410					5. Indicate Type of Lasse STATE FEE 6. State Oil & Gas Lasse No.		
	SUNDRY NOTICE	CES AND REPORTS	ON WEL	LS			
(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.)					7. Lease Name or Unit Agreement Name		
1. Type of Well:					East Vacuum	Gb/SA Unit	
ANT ANT OUTBY					Tract 2437		
2. Name of Operato	OX .				8. Well No.		
Phillips P	etroleum Co	mpany			00:		
3. Address of Open					9. Pool name or Wi	·	
4001 Penbr	ook Street,	Odessa, TX	79762		Vacuum GB/S	SA	
Section 11.		Township 17-S 10. Elevation (Sk 4002 GL Appropriate Box to I	Ra ow whether ; 4	34-E DF, RKB, RT, GR, etc.) 014' RKB	NMPM Le		Line
	OTICE OF INT	•• •		SEQUENT RE			
PERFORM REMEDIAL WORK PLUG AND ABANDON				REMEDIAL WORK	₩ .	ALTERING CASING	
TEMPORARILY AB	ANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS. L	PLUG AND ABANDONMI	ENT 🗀
PULL OR ALTER CASING C				CASING TEST AND CEMENT JOB			
OTHER:			🗆	OTHER:	-		_ [
12. Describe Propose work) SEE RUI		tions (Clearly state all pertine	ns desails, as	nd give pertinent dates, inclu	ding estimated date of	starting any proposed	
05-05-91:	tailpipe, 500#; ok. 2% KCl w/1 MIRU Charg 59 bbls ge Press.: 30 40 bbls 2% Mix 5 gals	NU BOP. COOH packer and tub MIRU Charger 0 gals 425, 1/er to pump 500 lled brine and 00#. Swab. MI KCl water dow Techni-Clean wellhead. RD	ing. to pum 2 mix 0 gals 27 bb RU Cha n tubi 420 w/	Set packer at up scale converse of 50/50 2% Ke 15% NEFe HCl als 2% KCl fluster and pumping. Displace first half of	4250'. Lorter as fol cl and 405. acid & 400 sh. ISIP: 4 drums Te w/160 bbls flush wate	ad and test to lows: 20 bbl Swab 7 hour 0# rock salt 1700#: Max. chni-Hib 756 2% KCl water r. ND BOP.	o s s. in &
I hereby certify that the	ne information above is true	s and complete to the best of my b		belief. n.z. Reg. & Pror	ation Supv.	DATE 05-06-91	
TYPE OR PRINT NAME	L. M. Sand	ers				TELEPHONE NO. 368-	1387
(This apace for State I	Use)	ig. Eq. 1 Paul Kautz _L Ge ologis t					1
APPROVED BY			m	T.L		— DATE ———	
CONDITIONS OF AIRFIN	oval, if any:						