

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.
30-025-02219

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-2317

7. Lease Name or Unit Agreement Name

M. E. Hale

8. Well No.
1

9. Pool name or Wildcat
Vacuum Grayburg/San Andres

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, Texas 79762

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

Section 35 Township 17-S Range 34-E NMPM Lea County

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

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: ☐

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.

6-26 thru

6-30-89: 4648' PTD. MI & RU DDU. Installed BOP. COOH w/downhole equip. Pmpd 7 drums of Unichem Techni-clean 405 w/385 gals fresh water down tubing. Acidized San Andres perms w/5000 gals 15% NEFe HCl w/5 drums Techni-Wet 425. Swbd back load. Pmpd 220 gals Techni-hib 756 in 40 BFW, displaced w/100 BPW w/5 gals Techni-clean 420. Set 2-7/8" tbg. @ 4051'.

7-01-89: Pmpd 24 hrs, 55 BO, 2.3 MCFG, all load recovered.

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

SIGNATURE L. M. Sanders TITLE Regula. & Prora. Supv. DATE 9/12/89

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 367-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

SEP 18 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 18 1989

OCD
HOBBS OFFICE