Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I P. O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P. O. Box 2088

Revised 1-1-89

P. O. BOX 1980 MODDS NM 88240		TON DIVISION	WELL API NO.	
DISTRICT II Santa Fo. No.). Box w Mex	2088 ico 87504-2088	30-025-02224	_
P. O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE	
000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-2317	
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.)			7. Lease Name or Unit Agreement Name	
2. Name of Operator Phillips Petroleum Company			8. Well No.	
3. Address of Operator 4001 Penbrook St., Odessa, TX 79762			9. Pool name or Wildcat Vacuum Gb/SA	
4. Well Location				
Unit Letter E: 1980 Feet From The	No	rth Line and 6	60 Feet From The West Lin	ne
Section 35 Township 17-	S	Range 34-E	NMPM Lea Count	ty
10. Elevat 4016'	ion (Sh. GR	ow whether DF, RKB, RT, GR, et	c.)	
11. Check Appropriate Box to Inc	dicate	Nature of Notice, Re	port, or Other Data	
NOTICE OF INTENTION TO:		SUBSI	EQUENT REPORT OF:	
PERFORM REMEDIAL WORK DELIGAND ARANDON	_	REMEDIAL WORK	ALTERING CASING	
PULL OR ALTER CASING PLUG AND ABANDON CHANGE PLANS		COMMENCE DRILLING OPN CASING TEST AND CEMEN	IS. PLUG AND ABANDONMENT	r 🗌
OTHER:		OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all proposed work) SEE RULE 1103.	pertine	nt details, and give pertinent date	s, including estimated date of starting any	
8-29-88 MI: RU DDU. COOH w/rods, pump and 2- 4478-4708' w/3000 gals. 20% NeFe HCl. St 20/40 sand and 140,000# 12/20 sand. Flow SN @ 4470', 2" x 1-1/4" x 18' pmp. Pmpd.	wbd. o wed w 24 hrs	dry. Frac'd. w/120,000 gal ell back to frack tank. Wil s. a day until all load recov	s. Versagel 1400 carrying 102,000# H w/2-3/8" tbg., anchor set @ 3950'; ered.	
9-17-88 Pmpd. 24 hrs., rec 7980' 171 BW, 1.8 MCF0	G. Tes	t before workover pmpd. :	24 hrs., 3 BO, .5 MCF, 8 BW.	
Job complete.				
I hereby certify that the information above is true and complete to	the bes	t of my knowledge and belief.		
SIGNATURE Am Sandus		TITLE Regulation & Proration	on Supv. DATE April 14	<u></u> 19
TYPE OR PRINT NAME L. M. Sanders		TELEPHO	ONE NO. 915-367-1488	
(This space for State Use)			ADD 4 P 42	
APPROVED BY DISTRICT I SUPERVISOR		TITLE	DATE PR 1 7 19	89
CONDITIONS OF APPROVAL, IF ANY:				