

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. 30-025-02823
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 1398-21

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Tract 1911
2. Name of Operator Phillips Petroleum Company	8. Well No. 001
3. Address of Operator 4001 Penbrook St., Odessa, Texas 79762	9. Pool name or Wildcat Vacuum Gb/SA
4. Well Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>17-S</u> Range <u>35-E</u> NMPM <u>Lea</u> County <u></u>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3987' RKB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Swab test.</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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 DDU. COOH w/rods. Install BOP. COOH w/tubing.
2. RIH w/casing scraper to $\pm 50'$ above openhole interval (4379'). COOH.
3. RIH w/SLM and verify PBTD (4667').
4. RIH w/packer to $\pm 50'$ above openhole. Set packer, and load backside to verify casing integrity.
5. Swab test. If decision is made to TA, go to Step 6. If decision is made to reactivate go to Step 7.
6. COOH with packer. RIH with CIBP on workstring. Set CIBP within 100' of openhole interval. Fill casing with inhibited fluid containing 1% TH-370 by volume. Close BOP. Pressure test to 500 psi and record chart. COOH w/tubing. ND BOP. RD DDU.
7. Acidize w/1000 gals 15% NeFe.
8. Swab. COOH w/packer and workstring. Pumping equipment to be run back in based on swab results. RD DDU.

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

SIGNATURE L. M. Sanders TITLE Supervisor, Reg. Affairs DATE 10/5/94

TYPE OR PRINT NAME L. M. Sanders

TELEPHONE NO. 915/368-1488

(This space for State Use) ORIGINAL SIGNATURE OF STATE AGENCY
DISTRICT I SUPERVISOR

OCT 07 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: