

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. 30-025-02835
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2245-6

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 2054
2. Name of Operator Phillips Petroleum Company	8. Well No. 001
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	9. Pool name or Wildcat Vacuum Gb/SA
4. Well Location Unit Letter <u>NM</u> 330 Feet From The <u>South</u> Line and 660 Feet From The <u>West</u> Line Section 20 Township 17-S Range 35-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3979' 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: Swab Test ☒

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.

1. MIRU DDU. COOH LD rods (if applicable). NU BOP. Release TAC and COOH with production tubing (if applicalbe).
2. RIH with casing scraper to +/- 50' above top perforation or openhole interval.
3. RIH w/packer to +/- 50' above top perforation or openhole interval. Set pkr. and load backside to verify casing integrity.
4. Swab test well for 1 day. If decision is made to TA, go to Step 5. COOH, ND BOP, RD DDU and wait on reactivation procedure.
5. COOH with packer. RIH with CIBP on workstring. Set CIBP within 100' of perforated or openhole interval. Fill casing with inhibited fluid containing 1% TH-370 by volume. COOH w/tubing. Pressure test to 500 psi and record chart. ND BOP. 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 Supv. Regulatory Affairs DATE 05-19-94

TYPE OR PRINT NAME L. M. Sanders

(915)
TELEPHONE NO. 368-1488

(This space for State Use)

ORIGINAL STAMPED & SIGNED
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 28 1994

OFFICE