

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. 30-025-02845
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2264-1
7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Tract 2155
8. Well No. 084
9. Pool name or Wildcat Vacuum Gb/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3956.6' GR

**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"/>	2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	4. Well Location Unit Letter <u>Ø</u> : <u>1175</u> Feet From The <u>South</u> Line and <u>2500</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>17-S</u> Range <u>35-E</u> NMPM <u>Lea</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3956.6' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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: Swab Test <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 LD rods (if applicable). NU BOP. Release TAC and COOH with production tubing (if applicable).
2. RIH w/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 TELEPHONE NO. (915) 368-1488

(This space for State Use)

ORIGINAL FILED IN

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**

**MAY 23 1994**

**OLD TOWNS  
OFFICE**