

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO. 30-025-02847
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2224
7. Lease Name or Unit Agreement Name: EAST VACUUM GB/SA UNIT TRACT 2150
8. Well No. 009
9. Pool name or Wildcat VACUUM GRAYBURG/SAN ANDRES

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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>P</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>21</u> Township <u>17S</u> Range <u>35E</u> NMPM County <u>LEA</u>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3944.7'	

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"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: ACIDIZE, SWAB & RET T/PROD <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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

01/25/01 ON 01/03 MIRU DDU NU BOP MIRU STAR GIH FISH TBG/RODS 3761-4537'  
ON 01/18 RDMO STAR GIH W/CSG SCRPR COOH GIH W/PKR CIRC BIOCID SET 6 HRS PMP  
75 BBL XYLENE SWAB PMP GYPSOL ON 1/20 RU HES ACIDIZE W/10,000 GAL 15% FERCK HCL  
ACID DROP 1250# RK SALT & 1250# SALT FINE ISIP 2447 PSI 5 MIN 2360 10 MIN 2300  
15 MIN 2256 PSI AVG RATE 6.2 BPM AVG PSI 2952 MAX 3238 RDMO HES SWAB/FLOW REC  
226 BBL W/10% OIL CUT COOH W/PKR GIH W/PROD TBG ND BOP NU WH GIH W/PMP/RODS HANG  
ON 1/25 WELL PMPG - TEMP DROP F/REPORT.  
02/13/01 PMPG REC 2/11/01 340 BO 100 BW 6 MCF GAS, 2/12/01 32 BO 121 BW 5 MCF GAS,  
2/13/01 130 BO 109 BW 5 MCF GAS FL 121' GAS FREE FL PMPG W/LUFKIN 114 PU 2-7/8  
TBG SET @ 4491' IN OPENHOLE 1.5 INSERT PMP SET @ 4455' TBG PSI 150 PSI CSG PSI  
40 PSI OIL GRAVITY 39 - COMPLETE DROP F/REPORT

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

SIGNATURE Larry M. Sanders TITLE REG. PRORATION SPECIALIST DATE 02/14/01

Type or print name LARRY M. SANDERS Telephone No. 915/368-1488

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any: