1	~		-	
L	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 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-02851		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM \$2210			5. Indicate Type of I	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lasse No. B-1040	
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 of Unit Agreement Name	
1. Type of Well: OL OL OAS WELL X WELL OTHER			East Vacuum Gb/SA Unit Tract 2207	
2. Nems of Operator Phillips Petroleum Company			L. Well No. 005	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762			9. Pool same or Wildcat Vacuum Gb/SA	
4. Well Location Unit Letter L : 19	80 Feet From The South	Line and 660	Feet From T	West Line
Section 22	Township 17-S Ra	age 35-E	NMPM Lea	County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF IN	TENTION TO:	SUE	SEQUENT RE	PORT OF:
		REMEDIAL WORK		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OP			gopns. 🔲 p	
PULL OR ALTER CASING CASING TEST AND C				
OTHER: Swab Test	X	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 applicable).				
2. RIH with casing scraper to $+/-50'$ above top perforation or openhole interval.				
3. RIH with packer to +/- 50' above top perforation or openhole interval. Set packer 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 op	enhole interval. Fil	ll casing with	inhibited	fluid containing
1% TH-370 by vol chart. ND BOP.	ume. COOH w/tubing.	Pressure tes	t to 500 ps	i and record
Chart. ND BOF.	A 200.			
I hereby certify that the information above is to	nue and complete to the best of my knowledge and	1 belief.		
	Jander "	Supv. Regul	atory Affai	rs 05-19-94
TYPE OR FRINT NAME L. M. Sa				(915) TELEPHONE NO. 368-1488
(This space for State Use)		ORIGINAL SIGMED DISTRICT I S	BY JEPRY SEXTON UPERVISOR	1 MAX 85 (494
AFTROVED BY	π			DATE

RECEIVER

MAY 2 3 1994

OFFICE