

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.	30-025-02880
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B-1497
7. Lease Name or Unit Agreement Name	EAST VACUUM GB/SA UNIT TRACT 2622
8. Well No.	031
9. Pool name or Wildcat	VACUUM GRAYBURG/SAN ANDRES

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 ☒ GAS WELL ☐ OTHER	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>26</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.) 3909' 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: ADD PREFS. SCALE CONVERT. ACIDIZE ☐

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. KILL WELL, PULL RODS & PUMP, NU BOPE, COOH W/TBG, TEST FOR FILL.
2. RU HLS, PERF LOWER SAN ANDRES INTERVAL 4500'-4508' & 4516'-4526', 18', 38 SHOTS.
3. MIRU HALLIBURTON, ACIDIZE LOWER SAN ANDRES 4500'-4508' & 4516'-4526' W/3000 GALS FERCHECK 15% HCL ACID.
4. IF SCALE IS FOUND MIRU CHARGER, PUMP SCALE CONVERTER, IF NOT ACIDIZE ZONE 4222'-4484, W/4500 GALS FERCHECK 15% ACID.
5. RU SWAB, RECOVER LOAD.
6. RETURN WELL TO PRODUCTION, REPORT TEST.

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

SIGNATURE L. M. Sanders

TITLE REGULATION SPECIALIST DATE 08/16/95

TYPE OR PRINT NAME L. M. SANDERS

TELEPHONE NO. 915/368-1488

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 23 1995