

DISTRICT I
P.O. Box 1987, H. K. & A. 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 ABNO

30-11-5-2-1-1

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Vacuum ABO Unit Bly 4 Tr 4

8. Well No.

24-05

9. Pool name or Wildcat

Vacuum Abo Reef

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

Phillip Petroleum Company

3. Address of Operator

4001 Penbrook Street, Odessa, Texas 79762

4. Well Location

Unit Letter A : 990 Feet From The North Line and 330 Feet From The East Line

Section 26 Township 17-S Range 35-E NMMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3924' GL

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Acidize Well ☒

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.

6-19-91 GIH WITH 2-3/8 PRODUCTION STRING AND 5-1/2 RTTS-TYPE PACKER.

6-20-91 MI RU CHARGER TO ACIDIZE PERFORATIONS 8674-8854' AS FOLLOWS:
(A) TEST ALL SURFACE LINES TO 4000 PSI. LOAD ANNULUS AND APPLY 500 PSI.
(B) PUMP 3000 GALS. 15% NEFE II HCL, DROPPING 15 BALL SEALERS EVERY 1000 GALS. COOH WITH TUBING AND PACKER. GIH WITH PRODUCTION TUBING.

6-21-91 SET SN AT 8836' AND ANCHER AT 8513'. TEMPORARY DROP FROM REPORT UNTIL WELL STABLIZES.

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

SIGNATURE

L.M. Sanders

TITLE Supervisor Reg. Proration DATE 7-17-91

TYPE OR PRINT NAME L.M. Sanders

TELEPHONE NO. 368-1488

(This space for State Use)

RECEIVED
JULY 20 1991

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: