

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--025-02892-02891
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-1482
7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract 2720
8. Well No. 003
9. Pool name or Wildcat Vacuum GB/SA
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3947 GL

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 St., Odessa, TX 79762

4. Well Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line
Section 27 Township 17-S Range 35-E NMPM Lea County

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 JOBS ☐

OTHER: Acidized Perfs ☒

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. 12/21/92

COOH w/ rods & pump. N.U. BOP; COOH w/tbg. Tag fill w/sand pump @ 4608; R.U. Reverse unit clean out frac sand & formation to 4640. No sulfate scale observed. GIH w.tbg & pkr. Set pkr @ 4100' Load & test backside to 500# ok. Acidize as follows: Pump 2,000 gal of 15% NEFE HCL; RU to swab. COOH w/Pkr. GIH w/production equip. RDDU.
12-20-92: 4.65 BOPD; 26.35 BWPD; 1 MCF; GOR 215.054

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. Reg. Affairs

DATE 12-21-92

TYPE OR PRINT NAME L.M. Sanders

TELEPHONE NO. 915/368-1488

(This space for State Use) ORIGINAL SIGNED BY RAY SMITH
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE DEC 24 '92

CONDITIONS OF APPROVAL, IF ANY: