

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.	30-025-02904
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1839
7. Lease Name or Unit Agreement Name	East Vacuum Gb/SA Unit Tract 2738
8. Well No.	002
9. Pool name or Wildcat	Vacuum Gb/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	2938' GR

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 F : 1980 Feet From The North Line and 1980 Feet From The West 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <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.

Last test dated 02-19-91: 82 BOPD, 552 BWPD, 112 MCFD.
04-29-91: MIRU DDU. NU BOP. COOH w/tubing and sub equipment. GIH w/tbg. COOH w/tbg. Load and test csg/tbg. annulus; ok. Pump 20 bbls 2% KCl w/10 gals Techni-Wet 425; spot 10 bbls 50/50 mix of 2% KCl & Techni-Clean 405 in open hole. Pump 5000 gals 15% NEFe HCl acid w/clay stabilizer and 5 drums Techni-Wet 425, 7000# rock salt in 98 bbls gelled brine & 40 bbls 2% KCl flush. ISIP: 400#; Max. Press. 650#. Pump 4 drums Techni-Hib 756 and 40 bbls 2% KCl. Displace w/170 bbls 2% KCl w/5 gals Techni-Clean 420 in first half of flush. Kill well. COOH w/tubing & packer. GIH w/sub equipment and tubing. ND BOP. Flange up wellhead. Pump 24 hrs. Test: 30 BOPD, 730 BWPD, 653 MCFD. Job complete.

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

SIGNATURE L. M. Sanders TITLE Reg. & Proration Supv. DATE 05-02-91

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 368-1387

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: