

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. 30-025-02968
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-1320
7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Tract 3202
8. Well No. 012
9. Pool name or Wildcat Vacuum Gb/SA

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, Texas 79762	
4. Well Location Unit Letter <u>J</u> : 1980 Feet From The <u>East</u> Line and <u>1988</u> Feet From The <u>South</u> Line Section <u>32</u> Township <u>17-S</u> Range <u>35-E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3972' RKB; 3960' GL	

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 03-09-91: 12 BOPD, 100 BWPD, 16.1 MCFD
03-19-91: MIRU DDU. COOH w/rods and pump
03-24-91: Pump 20 bbls 2% KCL w/10 gal of 425 out at 4626'. Spot 20 bbls of 2% KCL and 405 mixed 50-50. Test back side to 500#; ok.
03-25-91: Acidize w/8000 gals 15% NEFE w/clay stabilizers w/5% Techni-Wet 425. ISIP: 2200#; Max. Press. 2800#.
03-26-91: Squeeze w/3 drums of Techni-Hib 756.
03-27-91: COOH w/tubing and packer. ND BOP.
03-31-91: Test 64 BOPD, 254 BWPD, 73.5 MCF
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 04-01-91

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

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 05 1991

CONDITIONS OF APPROVAL, IF ANY: