State of New Mexico bmit 3 Copies Form C-103 Energy, Ainerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-025-02975 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 State Oil & Gas Lease No. B-1576-3 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: East Vacuum Gb/SA Unit MET [X] WELL Tract 3229 2. Name of Operator 1 Well No. Phillips Petroleum Company 004 Address of Operator 9. Pool name or Wildcat 4001 Penbrook St., Odessa, Texas 79762 Vacuum Gb/SA 4. Well Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Township Section nship 17-S Range 35-E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) **NMPM** Lea County 3985' RKB: 3975' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB Acidized OTHER: OTHER: х 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. 9/10/94 MIRU NU BOP. Pull pump. Laid down sub pump and motor. 9/13/94 GIH w/PKR test csg to 500, acidized w/7000 gals 15% NEFE. 9/14/94 Swab. Pump 165 gals Unichem TH757 scale inhibitor mixed w/30 bbls fresh water down tubing, displace into formation w/150 bbls fresh water. 9/15/94 Run sub pump equipment return well to production RDMO. Well pumping to battery. 9/18/94 Pump 24 hrs test 155 BOPD 378 BWPD 118.5 MCF.

I hereby certify that the informati	on above is true and complete to the best of my know	rindge and ballari.	_
SIGNATURE	Mores	me Supvervisor, Reg. Affairs DATE 9/29/94	
TYPE OR PRINTINAME TO M	Sanders	TELEPHONE NO.	
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APPROVED BY		— тт. 2 — рат0 С т 0 3 1994 —	_

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