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HUBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
JUN 2 10 30 AM '69

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-2073	
7. Unit Agreement Name Vacuum Abo Unit	
8. Farm or Lease Name Bty. 3 Vacuum Abo Unit Tract 6	
9. Well No. 57	
10. Field and Pool, or Wildcat Vacuum Abo Reef	
12. County Lea	

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Phillips Petroleum Company
3. Address of Operator Rm. B-2, Phillips Bldg., Odessa, Texas 79760
4. Location of Well UNIT LETTER N 1980 FEET FROM THE west LINE AND 330 FEET FROM THE south LINE, SECTION 33 TOWNSHIP 17-S RANGE 35-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3947' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Acidize

17. 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.

On 5-27-68, RU wells WS unit, pmpd 25 BO down tbg, opened Garrett sleeve at 8855', pmpd 40 BO down tbg. Howe treated Abo perms 8712-8854' w/4000 gals reg. 15% acid. Flshd w/40 BO. Max press 1300#, min 900#. ISIP—vacuum. AIR 5 BPM. Swabbed and tested well. Restored to production.

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

SIGNED W. J. Mueller TITLE Associate Reservoir Engr. DATE 5-29-69
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____