

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. 30-025-03016
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2273
7. Lease Name or Unit Agreement Name East Vacuum GB/SA Unit Tract #3456
8. Well No. 001
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 <input type="checkbox"/>	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, Texas 79762	
4. Well Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 34 Township 17-S Range 35-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3935' GL - 3947' RKB	

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: CLEAN OUT & STIMULATE. ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

8-7-91 GIH W/Tbg & Pkr. Acidize w/ 4,000 gals. of 15% NEFE HCL. COOH W/Tbg. & Pkr. GIH W/ Sub'equip. and 129 Jt. of 2 7/8" Tbg.

8-31-91 Pump 24 Hrs. Complete Drop From Report

8-1-91 Pump 51 BOPD 678 BWPD 37 MCF.

8-2-91 Pump 95 BOPD & 697 PWP. with .5MCF.

8-3-91 Pump 57 BOPD 515 BWPD 121 MCF. GOR. 2125 - 60% CO2.

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

SIGNATURE L.M. Sanders TITLE Supervisor Reg. Proration DATE 8-13-91
TYPE OR PRINT NAME L.M. SANDERS TELEPHONE NO. 368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

8-13-1991