Submit 3 Copies to Appropriate
District Office

PULL OR ALTER CASING

11.

OTHER:

03-11-91:

State of New Mexico Energy, Minerals and Natural Resources Departmen

OIL CONSERVATION DIVISION P.O. Box 2088

to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-59		
DISTRICT P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.		
DISTRICT II P.O. Drawer DD, Arteela, NM 88210			30-025-03018 5. Indicate Type of Lease		
DISTRICT III			STATE X FEE		
1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. B-2273-2		
SUNDRY NOTI OD NOT USE THIS FORM FOR PRODIFFERENT RESER (FORM C	7. Lasse Name or Unit Agreement Name				
1. Type of Well: Oil GAS WELL X WELL	OTHER		East Vacuum Gb/SA Unit Tract 3456		
2 Name of Operator Phillips Petroleum	Company		E. Well No. 003		
3. Address of Operator			9. Pool same or Wildcat		
4001 Penbrook St.,	Vacuum Gb/San Andres				
	O Feet From The North	Line and 660	O Reat From The West	Line	
Section 34	Township T-17-S Rat	nge R-35-E	NMPM Lea Cour	-4	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	NMPM Lea Cour	MY ////	
3943' GR					
11. Check A	Appropriate Box to Indicate I				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMEN	<u> </u>	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
OTHER:		OTHER:			
Describe Proposed or Completed Operat. work) SEE RULE 1103.	ions (Clearly state all pertinens details, an	d give pertinent dates, inclu	fing estimated date of starting any proposed		
03-05-91: MIRU. NU B	OP. COOH w/bad sub ed	quipment. Los	ad and test casing/tubing		
annulus to 500#; ok. 03-06-91: MIRU to pump 10,000 gals 15% NEFe HCl acid w/5% Techni-wet 425 and					
clay stabil	lizer, 5000# rock sa	lt in 89 bbls	gelled brine. ISIP: 1700	#:	
Max. press. 2600#. 03-11-91: ND BOP. Swab well. RD DDU. Job complete.					
non complet	.e.				
Thereby and Co. Harden L.			14.		
I hereby certify that the information above is true	1				
SIONATURE	anders m	Reg. & Prora	tion Supv. DATE 03-12-91		
TYPEORPHINI NAME L. M. Sa	ınders		ТЕЦЕРНОМЕ NO. 368 — 14	188	

I hereby certify that the information above is true and complate to the best of my knowledge and belief.					
SIGNATURE	anders	Reg. & Proration Supv.	03-12-91		
TYTEOR PROPIET NAME L. M. Sa	nders		TELEPHONE NO. 368-1488		
(This space for State Use) Orig. S	ignes o		926		
Paul	Kautz logist	TILE	MAR 1 & 1991		
CONDITIONS OF AFFROVAL, IF ANY:			- DATE		