

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

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.)		WELL API NO.
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Phillips Petroleum Company		6. State Oil & Gas Lease No. B-2273
3. Address of Operator 4001 Penbrook Street, Odessa, Texas 79762		7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Trac5 3456
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>17-S</u> Range <u>35-E</u> NMPM Lea County		8. Well No. 004
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3938' GR		9. Pool name or Wildcat Vacuum Grayburg S/A

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> Perforate & Stimulate Additional zones	

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.

- 10-3-91 COOH w/tbg & submersible pump.
- 10-6-91 Run GR neutron CCL from 4612' to 4200'. Perforated w/3-1/8" guns, 2 SPF, 4470'-4500', 4504'-4510', 4513'-4519', 4534'-4594', 4602'-4612', total of 224 shots. GIH w/tbg & pkr. Set packer @ 3494', swab 2 hrs.
- 10-07-91 Acidize w/4,500 gals of 15% Nefe HCL
- 10-08-91 Pump 4 drums of 756 in 40 bbl 2% KCL water & flush w/150 bbl of 2% KCL water.
- 10-9-91 Set packer on 143 jts of 2-7/8" tbg @ 4406'. ND BOP. change out well-head.
- 10-14-91 Complete drop from Report. Pump 81 BOPD, 290 BWPD, 206 MCF, 2533 GOR.

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 11-20-91
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: