

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.	30-025-08455
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-2317
7. Lease Name or Unit Agreement Name	M. E. HALE
8. Well No.	4
9. Pool name or Wildcat	VACUUN GRAYBURG/SAN ANDRES

4. Well Location	Unit Letter <u>N</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line
Section <u>35</u>	Township <u>17-S</u> Range <u>34-E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4029' RKB</u>	

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	2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	6. Well No. 4
4. Well Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line	9. Pool name or Wildcat VACUUN GRAYBURG/SAN ANDRES
Section <u>35</u> Township <u>17-S</u> Range <u>34-E</u> NMPM <u>LEA</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4029' RKB</u>

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

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.

07/09/95 MIRU DDU, COOH W/PUMP & RODS, COOH W/TBG, GIH TO 4675' W/SCRAPPER, COOH, KILL WELL, SDON.
07/10/95 COOH W/KILL STRING, GIH W/RBP, NO BOPE, HANG WELL ON RDMO DDU, WELL ON TEST.
07/12/95 TEST 24 HRS, 0 OIL 4 WATER, 0 GAS, WELL PUMPED OFF.
07/16/95 PUMP STUCK, TO BE PULLED.
07/17/95 MIRU DDU, COOH W/PUMP & RODS, GIH W/NEW PUMP, HAND WELL ON, PUT ON TEST.
07/18/95 TEST 24 HRS, 16 BO, 65 BW, 2 MCF
07/19/95 TEST 24 HRS, 4 BO, 27 BW, 0 MCF, WELL PUMPED OFF.
07/20/95 TEST 24 HRS, 1 BO, 6 BW, 0 MCF. WELL PUMPED OFF.
07/21/95 MIRU DDU, COOH W/PUMP & RODS, NU BOPE, COOH W/RBP, RU CHARGER, KILL WELL, PUMP 300 BBL, RESET RBP @ 4526', ND BOPE, GIH W/PUMP & RODS, TEST PERF 4415-4421 & 4458-4504 RD MO DDU.
(OVER)

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

SIGNATURE [Signature] TITLE SR. REGULATION ANALYST DATE 10/26/95

TYPE OR PRINT NAME L. M. SANDERS TELEPHONE NO. 915/368-1488

(This space for State Use)

ORIGINAL FILED IN []

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

07/22/95 TEST 24 HRS, 23 BO, 333 BW, 2 MCF, 300 BBLS LOAD
 WATER TO RECOVER.
 07/23/95 TEST 24 HRS, 9 BO, 240 BW, 11 MCF, LOAD RECOVERED.
 07/24/95 TEST 24 HRS, 4 BO, 166 BW, 2 MCF.
 07/25/95 TEST 24 HRS, 4 BO, 141 BW, .5 MCF, WELL PUMPING
 DOWN.
 07/26/95 TEST 24 HRS, 1 BO, 135 BW, .7 MCF
 07/27/95 TEST 24 HRS, 1 BO, 138 BW, .5 MCF TEMP DROP FROM
 REPORT.
 07/31/95 MIRU DDU, COOH W/PUMP & RODS, NU BOPE, TRIP TBG,
 RUN PRK TO 4315', TEST CASING, O.K., RU CHARGER,
 PUMP SCALE CONVERTER, SDON.
 08/01/95 RU SWAB, RECOVER 27 BBL WATER, RU CHARGER, PUMP
 ACID, 3000 GAL 15% HCL, RU TO SWAB, 105 BBL TO
 RECOVER, NO SWAB REPORT, SDON.
 08/02/95 SWAB TEST WELL, RECOVERED 40 BBL FLUID.
 08/03/95 COOH W/TBG & PKR, GIH W/PROD TBG, ND BOPE, GIH
 W/ROD & PUMP, HANG WELL ON, RDMO DDU, PUT ON TEST.
 08/04/95 NO TEST.
 08/05/95 TEST FOR 24 HRS, 8 BO, 75 BW, 2 MCF
 08/06/95 TEST FOR 24 HRS, 8 BO, 54 BW, 2 MCF.
 08/07/95 TEST FOR 24 HRS, 11 BO, 56 BW, 3 MCF.
 08/08/95 TEST FOR 24 HRS, 12 BO, 51 BW, 3 MCF, TEMP DROP
 FROM REPORT.
 08/23/95 MIRU DDU, COOH W/PUMP & RODS, CIRC 150 BBL BRINE, NU
 BOPE, RELEASE RBP, CIRC 150 BBL BRINE, COOH
 W/RBP & TBG, GIH W/CIBP, SET @ 4572', ND BOPE, RUN
 RODS & PUMP, RDMO DDU, HANG WELL ON, TEMP DROP FROM
 REPORT UNTIL WELL STABILIZES.
 09/18/95 24 HOUR WELL TEST, 11 BO, 51 BW, 4 MCF, COMPLETE
 DROP FROM REPORT.