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	P.O. BOX 2088 Santa Fe. New Mexico 87504-2088		WELL API NO. 30-025-08525	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	FEE 🗌
	ICES AND REPORTS ON WEL	TS.	B-1404-2	,,,,,,,,,,,
(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.)			7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT	,
1. Type of Well: OIL GAS WELL X WELL	OTHER	711-1	TRACT 2717	
2. Name of Operator Phillips Petroleum Comp	anv		8. Well No. 002	
3. Address of Operator 4001 Penbrook Street, 0			9. Pool name or Wildcat VACUUM GRAYBURG/SAN A	ANDRES
4. Well Location Unit Letter P : 660	Feet From The SOUTH	Line and 66		Line
Section 27 Township 17-S Range 35-E NMPM LEA County				
2933' DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDO	NMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER: SCALE CO	NV/ACIDIZE	
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.				
10/11/94 MIRU DDU, COOH W/TBG, RODS & PUMP, TRIP SAND PUMP, TAG @ 4577', GIH W/KILL STRING, SDON.				
10/12/94 MIRU REV UNIT, GIH W/BIT, TAG @ 4565', CLEAN OUT TO TD. COOH, SIH W/PKR & TBG. SDON				
10/13/94 FGIH W/TBG, SET PKR @ 4279', MIRU CHARGER & PUMP HALF OF 220 GAL TC 405 & 220 GAL & 220 GAL WATER, RDMO DDU, SDON.				
10/16/94 MIRU HES, PUMP ACID, 1000 GALS 15% FERCHECK, 2500# ROCK SALT IN 59 BBLS GELLED BRINE, 1000 GALS ACID, 3050# SALT IN 72 BBLS BRINE, 1000 GALS ACID, 26 BBLS WATER.				
RDMO HES, SDON.  10/17/94 RU SWAB, RECOVER LOAD OF 283 BBLS, PUMP 155 GALS UNICHEM 757 W/30BBLS WATER, DISPLACE W/200 BBLS WATER. SDON.				
10/18/94 POOH W/PKR &	TBG, GIH W/ TBG, RODS &	L PUMP, ND BOPE,	NU WELLHEAD, SDON.	
10/19/94 HANG WELL ON,	RDMO DDU, LEAVE WELL F	PUMPING, TEMP DR	OP FROM REPORT. (OVER)	)
I hereby certify that the information above is tr	rue and complete to the best of my knowledge	and belief.		
SIGNATURE . M.	anders m	E REGULATION SP	ECIALIST DATE 07/25/	95
TYPE OR PRINT NAME M. SANDER	<u>s</u>		TELEPHONE NO.915/3	68-1488
(This space for State Use)  ORIGINA - C.	STATEMENT ON			
APPROVED BY		£	DATE JUL 2	8 1935
CONDITIONS OF APPROVAL, IF ANY:				
				M



COMPLETE DROP FROM REPORT.

12/15/94 TEST 34 BOPD, 265 BWPD, 1 MCF 758 CO2.

10/29/94 TEST 35 BOPD, 266 BWPD, 1 MCF 758 CO2.

10/29/94 TEST 35 BOPD, 265 BWPD, 1 MCF 758 CO2.