

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. 30-025-08539
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1400-3
7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Tract 3315
8. Well No. 002
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 ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, Texas 79762	
4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>33</u> Township <u>17-S</u> Range <u>35-E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3941' GR	

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: ☐	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.

01-22-91: MIRU DDU. Install BOP. COOH w/2-3/8" tubing and submersible pump.

01-23-91: RU and stimulated with 7000 gals 15% NEFe LST CCA 5% TW425. Max: 4.4 bbl/min; ISIP: 1000 psi.

01-24-91: Swab.

01-27-91: GIH w/sub equipment and tubing. GIH w/tubing. ND BOP. Start pump.

01-28-91: Pump 24 hrs. Test: 562 BOPD, 945 BWP, 1.0 MCF.
Job complete.

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

SIGNATURE L. M. Sanders TITLE Regulation & Proration Supervisor DATE 01-29-91
 TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 915/368-1488

(This space for State Use)

ORIGINAL FILED BY DISTRICT OFFICE

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 05 1991