

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.	30-025-08546
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	A-1320
7. Lease Name or Unit Agreement Name	EAST VACUUM GB/SA UNIT TRACT 2801
8. Well No.	001
9. Pool name or Wildcat	VACUUM GRAYBURG/SAN ANDRES

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	
4. Well Location Unit Letter P : 660 Feet From The EAST Line and 660 Feet From The SOUTH Line Section 28 Township 17 S Range 35 E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3939' 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: CONVERT TO WATER INJECTION ☒

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.

11/28/94 MIRU. COOH W/RODS & PUMP LAYING RODS DOWN. NU BOP.
11/29/94 COOH W/TBG. GIH AND TAG FILL AT 4615'. GIH W/CSG SCRAPER TO 4058'. PUMP 20 GALS
TECHNIWEST 420 IN 20 BBLS FRESH WATER, 4 DRUMS TECHNICLEAN 405 IN 220 GALS. FRESH
WATER.
11/30/94 RU TO TEST CASING TO 500# FOR 30 MIN. RAN CHART. RU TO ACIDIZE W/4000 GALS 15%
FERCHECK.
12/01/94 SWAB.
12/02/94 GIH W/INJ. PKR & 2-7/8" TBG.
12/03/94 SET PKR AT 4028'. ND BOP. PRESS UP ON CSG, TO 500 PSI RAN CHART. RD DDU.
01/02/95 INJECTED 306 BWPD @750#.

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

SIGNATURE [Signature] TITLE SUPERVISOR, REG. AFFAIRS DATE 01/10/95
TYPE OF PRINT NAME M. SANDERS TELEPHONE NO. 915/368-1488

(This space for State Use)

APPROVED BY [Signature] TITLE SAO DATE APR 4 1996

CONDITIONS OF APPROVAL, IF ANY: