Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		•		
OIL CONSERVATION DIVISION			ELL API NO.	
P.O. Box 1980, Hobbs NM 88240  DISTRICT II  Santa Fe, New Mexico		88 87504-2088	30-025-20719	
P.O. Drawer DD, Artesia, NM 88210			Indicate Type of Lease STATE	FEE 🗆
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6.	State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			A-1320	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			Lease Name or Unit Agreement Nam	ne
(FORM C-101) FOR SUCH PROPOSALS.)			ACUUM GLORIETA EAST L	· · · · · · · · · · · · · · · · · · ·
1. Type of Well: Oil GAS WELL X WELL	OTHER	TF	TRACT 1	
2. Name of Operator			Well No.	
Phillips Petroleum Company			2 Pool name or Wildcat	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762			VACUUM GLORIETA	
4. Well Location		Line and 1981	Feet From The WEST	Line
Unit Letter R : 2310	rest FIOR 1 ns Oddin	THE AND	rest Florit life ALCO	Line
Section 28		nge 35-E NM	PM LEA	County
	10. Elevation (Show whether	3948' GL		
11. Check Appr	ropriate Box to Indicate	Nature of Notice, Re	port, or Other Data	
NOTICE OF INT	•	1	EQUENT REPORT O	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	, Ė
TEMPORARILY ABANDON L	CHANGE PLANS	COMMENCE DRILLING OP		WINNENT L.
PULL OR ALTER CASING				,
OTHER:		OTHER: FRACTURE S	TIMULATION	<u>[X</u>
	ions (Clearly state all pertiness det W/PUMP & RODS, NU BOI ) 6167°, COOH, MIRU TI	PE, COOH W/TBG, SI	H W/CSG SCRAPPER, SI	ISD.
GIH, SET PKR 60	113', LOAD & TEST CSG	TO %003, O.K., SI	SD.	
10/08/95 MIRU HES, ACIDI 5 BBLS. SISD.	ZE GLORIETTA 6112'-6	162', PUMP 4000 GA	ALS 15% ACID, RU SWAE	, RECOVER
10/09/95 RD SWAB AFTER 5	S SWAB RUNS, COOH W/PI IG WELL ON, RDMO DDU,			WELLHEAD
10/10/95 TEST 24 HRS, 0	BOPD, 200 BWPD, NO MO	CF.		
	BOPD, 210 BWPD, 0 MCI			
	BOPD, 207 BWPD, 5 MCF BOPD, 89 BWPD, 3 MCF			
	BOPD, 126 BWPD, 3 MCI		(ER)	
I hereby certify that the information above is true	and complete to the best of my knowledge	o and belief.		
Am An	0		ANALYST DATE 11/0	1 /05
	111	SK. REGULATION		
TYPE OR PRINT NAME M SANDERS			TELEPHONE NO.915	<u>/368–1488</u>
(This space for State Use) ORIGINAL SHOOM	TO BY JERRY SEXTON		N	10 <b>v 03 t</b>
APPROVED BY	FC. Edyson	LE	DATE	OI VO C

will

TO/12/95 TEST 24 HRS, 7 BOPD, 209 BWPD, 3 MCF.
TO/15/95 TEST 24 HRS, 7 BOPD, 209 BWPD, 8 MCF.
COMPLETE DROP FROM REPORT.

禁禁 医克里特