

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. 30-025-20720
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 Vacuum Glorieta East Unit Tract 2
8. Well No. 1
9. Pool name or Wildcat Vacuum Glorieta

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3964' GL
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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 <input type="checkbox"/>	2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook St., Odessa, Texas 79762	4. Well Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2306</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>17-S</u> Range <u>35-E</u> NMPM <u>Lea</u> County

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: Acidized ☒

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.

10/06/94 MIRU DDU and COOH with rods. NU BOP. Unable to unset anchor.
10/07/94 Tubing stuck GIH and cut tubing off just above the anchor. GIH w/jars and overshot, tagged up at 1620' solid. Jar and work pipe.
10/11/94 RU and back off drill collars. COOH LD 2 collars. GIH and JAR on fish. COOH w/fish.
10/12/94 GIH with bit and scrapper. GIH with overshot and fish anchor. GIH with packer.
10/13/94 Acidized with 10,000 gals 15% acid.
10/14/94 Swab. COOH with packer and GIH w/production equipment. RDMO DDU.
10/16/94 Well pumping. Temporary drop from report. Unable to test.

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

SIGNATURE L. M. Sanders TITLE Supervisor, Reg. Affairs DATE 10/17/94

TYPE OR PRINT NAME L. M. Sanders

TELEPHONE NO. 915/368-1488

(This space for State Use)

OCT 20 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: