

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.	30-025-21382
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1845
7. Lease Name or Unit Agreement Name	EAST VACUUM GB/SA UNIT TRACT 3440
8. Well No.	010
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Phillips Petroleum Company	3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	4. Well Location Unit Letter <u>N</u> : <u>940</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>34</u> Township <u>17-S</u> Range <u>35-E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3929' GR			

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>ACIDIZE</u> <input type="checkbox"/>	

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.

6/12/95 MIRU DDU, KILL WELL, NU BOPE, COOH W/PROD TBG, GIH W/SAND PUMP, TAG FILL @ 4595', COOH GIH W/ KILL STRING, SDON.  
6/13/95 FGIH W/TBG W/BIT & SCRAPER, CLEAN OUT TO 4600', COOH, GIH W/SAND PUMP & CLEAN OUT TO 4604', COOH, GIH W PKR, SET @ 4491', RU & SWAB, RECOVER 82 BBLS, SDON/  
6/14/95 FLOW BACK & SWAB 150 BBLS TOTAL, MIRU HES & ACIDIZE W/ 4000 GALS 15% FERCHECK HCL ACID, RD NO HES, UNLOAD SWABBING, RECOVER 115 BBLS, SDON.  
6/15/95 UNLOAD, SWAB, RECOVERED 150 BBLS WATER, 20 OIL. SDON  
6/16/95 COOH W/PKR & GIH W PROD TBG, RODS & PUMP, RD NO TEST EQPT. TEMP DROP PENDING PUMPING UNIT INSTALLATION.  
08/01/95 WELL TESTING - 06/27/95 TEST 24 HRS, 5 BO, 251 BW, 1 MCF  
06/28/95 TEST 24 HRS, 28 BO, 227 BW, 1 MCF  
06/29/95 TEST 24 HRS, 3 BO, 242 BW, .5 MCF COMPLETE DROP FROM REPORT

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 SPECIALIST DATE 08/01/95  
TYPE OR PRINT NAME L. M. SANDERS TELEPHONE NO. 915/368-1488

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 11 1995  
CONDITIONS OF APPROVAL, IF ANY: