

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.
30-025-23386

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
587

7. Lease Name or Unit Agreement Name
EAST VACUUM GB/SA UNIT
TRACT 2270

8. Well No.
001

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 <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 J : 1650 Feet From The SOUTH Line and 2310 Feet From The EAST Line Section 22 Township 17S Range 35E 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: SWAB TESTED AND REACTIVATED ☒

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.

6/20/94 MIRU DDU. COOH W/RODS, NU BOP. COOH W/TBG.
6/21/94 FINISH COOH W/TBG. GIH W/BIT AND SCRAPER ON 2-3/8" WORKSTRING TBG. TO 4510'. GIH W/PKR AND TBG. SET PKR AT 4500'. SWABBED.
6/24/94 COOH LD WORKSTRING. PU GIH W/SN, TBG, TAC AND ND BOP FLANGE UP WELL HEAD.
6/27/94 PU GIH W/PUMP AND RODS. SPACE OUT AND STACK OUT. RDMO DDU.
8/05/94 PUMP 24 HRS TEST 7 BOPD 107 BHPD 1 MCF.

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 11/02/94

TYPE OR PRINT NAME L. H. SANDERS TELEPHONE NO. 915/368-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY S. SANDERS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 07 1994

16