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 DISTRICT II Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-24638	
P.O. Drawer DD, Artesia, NM 55210			5. Indicate Type of Lesse STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. B-21.31
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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OL GAS WELL X WELL OTHER			East Vacuum Gb/SA Unit Tract 2648
2. Nems of Operator Phillips Petroleum Company			8. Well No. 126
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762			9. Pool name or Wildcat Vacuum Gb/SA
4. Well Location Unit Letter 990	Feet From The South	Line and330	West Line
Section 26 Township 17-S Range 35-E NMPM Lea County			
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
Check Appropriate Bar to Indicate Nature of Nation Barent, or Other Date			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
	<b>L</b>		
		REMEDIAL WORK	
OTHER: Clean out and Act	ldize X	OTHER:	
12. Describe Proposed or Completed Operativerk) SEE RULE 1103.	tions (Clearly state all pertinent details, an	d give pertinent dates, inclu	ding estimated date of starting any proposed
<ol> <li>PU and RIH w/cas</li> <li>RIH w/2-7/8" tai</li> <li>@ +/- 4350'.</li> <li>Pump 20 bbls free Techni-Clean 405</li> </ol>	sh water w/10 gals. (sulfate scale conv	" production and 4350' of Techni-Hib 43 ertor) and 16	
mixture outside 5. Swab.			cilculate 1/2 of chemical
6. Acidize perforated interval with a total of 4500 gals of 15% NeFe acid. 7. Swab.			
water. Mix and p	ump 5 drums Techni-H	ib 757 (scale	esh water. Pump 10 bbls fresh inhibitor) and 50 bbls fresh w/tubing and packer. (Over)
I hereby certify that the information above is tra	_		
SIGNATURE	anders m	Supv.Regula	tory Affairs DATE 04-19-94
TYPE OR FRINT NAME L. M. Sanders (915) TELEPHONE NO. 368-1488			
(This space for State Use)		ORIGINAL SIGNE	SUPERVISOR APR 2 5 193
APTROVED BY	π	BIPIRICI I	DATE

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CONDITIONS OF APPROVAL, IF ANY:

East Vacuum Gb/SA Unit Tract 2648, Well No. 126 Vacuum Gb/SA API No. 30-025-24638 Lease No. B-2131 Lea County, NM Form C-103

- 9. RIH with sub pump and motor on 2-7/8" production tubing to +/-4420'.
- 10. Return well back to production.

04-19-94 AF:ehg

N:RegPro:AFran:EVGS126.103

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