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

RECEIVED
MAY 27 1992
O. C. D.
HOBBS, OFFICE

WELL API NO.
30-025-24638

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-2131

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
East Vacuum Gb/SA Unit Tract 2648

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Phillips Petroleum Company

8. Well No.
126

3. Address of Operator
4001 Penbrook St., Odessa, Texas 79762

9. Pool name or Wildcat
Vacuum Gb/SA

4. Well Location
Unit Letter M : 990 Feet From The South Line and 330 Feet From The West Line

Section 26 Township 17-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3913' RKB

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Acidized			[X]

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.

5/25/92 MIRU DDU, NU BOP COOH w/bad sub equip, find sulfate scale in pumps. GIH w/200' 2-7/8" tailpipe, pkr, & tbg. Set tail pipe @ 4634'. RU charger & pump 20 bbl 2% KCL w/10 gal TW 425. Pump 1/2 of 3 drums TC 405 & 165 gal 2% KCL. Wait 3 hrs. Pump rest of mix and flush w/2% KCL. RU swab. Pump 13 bbl 2% KCL, 500 gals 15% NEFE HCL acid, and flush 30 bbl 2% KCL. RU swab backload. COOH w/tbg LD pkr. PU GIH w/sub. equip. ND BOP start pumping RDMO. Test 24 hrs - 18 BOPD, 574 BWPD, 120 MCF, & 6756.756 GOR.

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, Regulation & Proration DATE 5/26/92

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 915/368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: