

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.

30-025-24675

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

R-2735

7. Lease Name or Unit Agreement Name

EAST VACUUM GB/SA UNIT
TRACT 2672

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Phillips Petroleum Company

3. Address of Operator

4001 Penbrook Street, Odessa, TX 79762

8. Well No.

008

9. Pool name or Wildcat

VACUUM GB/SA

4. Well Location

Unit Letter **B** : **990** Feet From The **NORTH** Line and **2310** Feet From The **EAST** Line

Section **26** Township **17S** Range **35E** NMPM **LEA** County

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

3914' 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: **CLEANED OUT AND 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.

10/20/94 MIRU DDU. COOH W/RODS AND PUMP. NU BOP, COOH WITH TUBING. CATCH SAMPLE OF CALCIUM SULFATE SCALE AND ASPHALTINES.

10/22/94 GIH WITH PKR AND TBG. SET PKR @4415'. PUMP 110 GALS ZYSOL AND DISPLACE TO BOTTOM PERF.

10/23/94 SWAB. PUMP ONE HALF OF 110 GALS TC 405 MIXED W/110 GALS FRESH WATER. SI 1 HR. PUMP 5 BBLS TO DISPLACE.

10/24/94 SWAB. ACIDIZED WITH 2000 GALS "RED ACID".

10/25/94 SWAB.

10/26/94 RELEASE PKR COOH. TEST TBG WHILE IN HOLE. ND BOP FLANGE UP WELLHEAD. GIH W/PUMP AND RODS. SPACE OUT HANG ON.

11/02/94 TEST 24 HRS. 17 BOPD 221 BOPD 0.1 MCF.

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

SIGNATURE

TITLE **SUPERVISOR, REG. AFFAIRS** DATE **11/02/94**

TYPE OR PRINT NAME

M. SANDERS

TELEPHONE NO. **915/368-1488**

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 07 1994