**Submit 3 Copies** to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-26224 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE 🗌 DISTRICT III 6. State Dil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B-1840 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) EAST VACUUM GB/SA UNIT 1. Type of Well: **TRACT 2739** WELL [X] GAS WELL 2. Name of Operator 8. Well No. Phillips Petroleum Company 005 3. Address of Operator 9. Pool name or Wildcat 4001 Penbrook Street, Odessa, TX 79762 VACUUM GRAYBURG/SAN ANDRES 4. Well Location 1330 SOUTH 1380 Unit Letter Feet From The WEST Line and Feet From The Line Township 35-E Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT. 3951'RKB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **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 JOE OTHER: OTHER: ACIDIZE 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. MIRU CHARGER, MIX & PUMP 20 BBLS FRESH WATER W/10 GALS TW-425 & 5 DRUMS TC 405. SDON 6/12/95 6/13/95 WELL SHUT-IN AFTER CONVERTER SQZ. FLOW WELL, RECOVER 280 BBLS, MIRU SHE & ACIDIZE W/5000 GALS 15% FERCHECL ACID, 6/14/95 RDMO HES, SDON. FLOW WELL BACK AFTER ACID JOB, START WELL FLOWING, TEMP DROP PENDING TEST RESULTS. 6/15/94 WELL TESTING - FLOW/PRODUCTION TEST WELL RESULTS 8/7/95 7/12/95 TEST FOR 24 HRS, 43 BO, 175 BW, 312 MCF 8/02/95 TEST FOR 24 HRS, 32 BO, 183 BW, 294 MCF 8/03/95 TEST FOR 24 HRS, 22 BO, 128 BW, 223 MCF COMPLETE DROP FROM REPORT. I hereby certify that the information above if true and complete to the best of my knowledge and belief. TITLE REGULATION SPECIALIST \_ DATE <u>08/23/95</u> TYPE OR PRINT NAME SANDERS TELEPHONE NO.915/368-1488 (This space for State Use) APPROVED BY

TITLE