Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-26231 ✓

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

6. State Oil & Gas Lease No. B-1334

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 3308

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

2. Name of Operator: Phillips Petroleum Company

8. Well No. 003

3. Address of Operator: 4001 Penbrook St., Odessa, TX 79762

9. Pool name or Wildcat: Vacuum Gb/SA

4. Well Location
Unit Letter C : 1150 Feet From The North Line and 1510 Feet From The West Line

Section 33 Township 17-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3936'GR

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.

2-9-93 - RU DDU. NUBOP. COOH w/submersible pump.
2-12-93- Acidize w/15% NeFe HCl as follows: Pump 2,000 gals acid. Pump 2,000 gals. acid.
2-15-93- Swab.
2-16-93- GIH w/submersible pumping equip. on 2-7/8" tbg. Tbg. set @ 4369'. ND BOP. RD DDU.
2-19-93- Pump 24 hrs: 157 BOPD; 255 BWPD 70.1 MCF; 447.752 GOR. Before workover: 78 BOPD; 201 BWPD; 73 MCFD.

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

SIGNATURE L. M. Sanders TITLE Supv., Regulatory Affairs DATE 2-22-93

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE FEB 25 1993

CONDITIONS OF APPROVAL, IF ANY: