

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. 30-025-26378
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. b-1482-3
7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Tract 2720
8. Well No. 005
9. Pool name or Wildcat Vacuum Gb/SA

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.)	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook, Odessa, Texas 79762	
4. Well Location Unit Letter <u>B</u> : <u>1630</u> Feet From The <u>East</u> Line and <u>1215</u> Feet From The <u>North</u> Line Section <u>27</u> Township <u>17-S</u> Range <u>35-E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3936.4' 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:

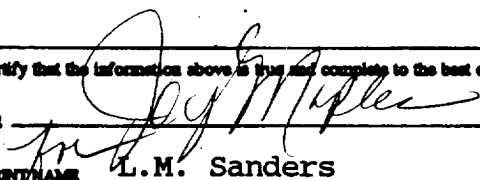
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Added perfs & acidized ☒

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.

12-22-92: COOH w/rods & tbgs. N.U. BOP. Ran sand pump-no scale. Perforate w/4" guns
23 gram charges, 2 SPF as follows: 4380'-4384', 4474'-4480', 4605'-4615'
4621'-4625', 4627'-4636'. Pump 1500 gal acid. Swab.
12-20-92: 7.35 BOPD, 41.65 BWPD; 3 MCF; 408.163 GOR

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

SIGNATURE



TITLE

Supv., Reg. Affairs

DATE

12/22/92

TYPE OR PRINT NAME

L.M. Sanders

915/

TELEPHONE NO. 368-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

DEC 30 '92

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: