

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.
30-025-26379

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1839-1

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 2738

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

8. Well No.
005

2. Name of Operator
Phillips Petroleum Company

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

9. Pool name or Wildcat
Vacuum Gb/SA

4. Well Location
Unit Letter D : 1215 Feet From The North Line and 1150 Feet From The West Line
Section 27 Township 17-S Range 35-E NMPM Lea County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)
3938' GL

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: Acidized Perfs. ☒

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.

11-23-92 - MIRU DDU. COOH w/rods & pump. NU BOP. Trip sand pump catch sample of iron sulfide. Trip bit and scraper. PU GIH W/PKR. & TBG. Set pkr. @ 4344'.

11-24-92 - Acidize as follows: Pump 4500 gals 15% NeFe -HCl. Swab.

11-25-92 - Squeeze w/1 drum of 756 T. in 10 bbls. of 2% KCl water. Displace w/150 bbls. of water containing 5 gals of 420 T.C.

11-29-30 - Test 32 BOPD; 142 BWPD; 1 MCF; 31.250 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 Supv. Regulatory Affairs DATE 12-1-92

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

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 07 '92