

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. 30-025-26381
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1840-1
7. Lease Name or Unit Agreement Name Tract 2739 East Vacuum Gb/SA Unit
8. Well No. 006
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 Street, Odessa, Texas 79762	
4. Well Location Unit Letter <u>8</u> : <u>1310</u> Feet From The <u>South</u> Line and <u>1330</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>T-17-S</u> Range <u>R-35-E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3943' RKB 3929' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>Reactivate</u> ☒

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.

11-20-90: Last test dated 8-24-83, 4 oil, 295 water, 2 Mcf gas. MIRU DDU.
11-23-90: Perforate w/22 premium gram charges: 4496' to 4503', 2 HPF - 15 holes, 4408' to 4414' 6' 2 HPF 13 holes. Set @ 4300'.
11-25-90: Acidize w/7000 gals of 15% NEFe HCl w/350 gals of 425 & clay stabilizers, ISIP 1300#, Max Press: 2100#.
11-26-90: Swab 9 hr.
12-2-90: 67 BOPD, 266 BWPD, 47 MCF.

Complete drop from report.

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. Regula. & Prora. DATE 12/10/90
TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: