

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.	30-025-26384
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	A-1320
7. Lease Name or Unit Agreement Name	EAST VACUUM GB/SA UNIT TRACT 2801
8. Well No.	007
9. Pool name or Wildcat	VACUUM GRAYBURG/SAN ANDRES

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injec</u>
2. Name of Operator	Phillips Petroleum Company
3. Address of Operator	4001 Penbrook Street, Odessa, TX 79762
4. Well Location	Unit Letter <u>N</u> : <u>1450'</u> Feet From The <u>WEST</u> Line and <u>138'</u> Feet From The <u>SOUTH</u> Line
Section	28 Township 17-S Range 35-E NMMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3943' GR

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.)

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: REPAIR TBG PACKER LEAK & RET T/PROD. ☒

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.

02/24/97 TUBING PACKER LEAK FOUND, PACKER CHANGED OUT, TEST CHART RUN, & RET ~~T/PROD.~~

Injec

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

SIGNATURE

Larry M. Sanders

TITLE Senior Regulation Analyst DATE 03/04/97

TYPE OR PRINT NAME

Larry M. Sanders

TELEPHONE NO. (915) 368-1488

(This space for State Use)

ORIGINAL SIGNED BY
LARRY SANDERS
FILED SEP 11

APPROVED BY

TITLE

DATE

MAR 10 1997

CONDITIONS OF APPROVAL, IF ANY:

000 87 100



