

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. 30-025-26387
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1861
7. Lease Name or Unit Agreement Name E.Vac.Gb/SA Unit Tr. 2941
8. Well No. 001
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 WI	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, Texas 79762	
4. Well Location Unit Letter <u>K</u> : <u>1330</u> Feet From The <u>West</u> Line and <u>2630</u> Feet From The <u>South</u> Line Section <u>29</u> Township <u>17S</u> Range <u>35E</u> NMPM <u>Lea</u> County M. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3961.6' GL 3972.2' RKB</u>	

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: ☐

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.

01-03-91: MIRU DDU. NU BOP.
01-04-91: GIH w/4-3/4" bit - 6-4" collars & 2-7/8" workstring. Clean out from 4643' to 4750'.
01-07-91: Run csg. inspection log from TD to surface. GIH w/pkr & tbq to 4301' set pkr.
01-08-91: Load & test csg/tbg annulus to 500#. OK. Pump 20.2 acid containing 4230 gal 15% HCl, 470 gal Acetic Acid, 2 gpt I-42 Inh, 235 gal Techni-Wet 425, and clay stabilizers; 1400# rock salt in gelled brine. ISIP 1500#. Max press 2250#. Swab.
01-10-91: MIRU hydrostatic tbq. testers. Test to 5000# below slips.
01-12-91: Pressure up csg/tbg annulus to 500# for 30 mins. OK. Hook up and start injection.
01-15-91: Injecting @ 477 BWPD @ 520#. Job complete.

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

SIGNATURE L. M. Sanders TITLE Reg. & Proration Supv. DATE 01-18-91
TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 915-368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: