CONDITIONS OF APPROVAL, IF ANY:

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	L CONSERVATION DIVISION	WELL API NO.	
P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		2088 30-025-26398 5. Indicate Type of Lease	
		B-2433-12	
		SUNDRY NOTICES	AND REPORTS ON WELLS
DIFFERENT RESERVOIR	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO L. USE "APPLICATION FOR PERMIT" FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name	
1. Type of Well:		East Vacuum Gb/SA Unit	
MET ANT TO SERVE THE SERVE	omeaw.I. per PMX #78	Tract 2963	
2. Name of Operator		8. Well No.	
Phillips Petroleum Compa A. Addres of Operator	ny	004	
•	Odoggo MV 70762	9. Pool name or Wildcat	
4001 Penbrook Street. k. Wall Location	Odessa, IX 79762	Vacuum Gb/SA	
Unit Letter <u>M</u> : <u>1310</u> 1	Feet From The West Line and	100 Feet Prom The South Line	
Section 29	Fownship 17-S Range 35-E	NMPM Lea County	
	Township 17-S Range 35-E 10. Elevation (Show whether DF, RKB, RT, GR, etc.)		
	3970.5' GR; 3983' RKB		
	opriate Box to Indicate Nature of Notice	, Report, or Other Data	
NOTICE OF INTEN	TION TO: SI	UBSEQUENT REPORT OF:	
ERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	X ALTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS CASING TEST AND		
	CASING (ES) AND	CEMENT JOB	
OTHER:	OTHER:		
Describe Proposed or Completed Operations (work) SEE RULE 1103.	Clearly state all pertinent details, and zive pertinent dates, i	ncluding estimated date of starting any proposed	
04-01 to MIRU DDU. ND	wellhead; NU BOP. Load & te	est csd/thd appulus to 500#.	
04-05-91: ok. Pump 5000	gals CHIC acid; 6500# rock s	salt in 130 bbls gelled brine	
& 33 bbls 2%	<pre>KCL flush. ISIP: 1600#; Max.</pre>	. Press. 2300#.	
04-08-91: GIH w/CO2 pkr	& IPC inj. tbg; change out of	collars to Texas Arai. Test	
	ND BOP; NU wellhead.	O# gommogaign Tand C hout	
csa/tha annul	Set Packer @ 4353' in 15,000 us for NMOCD to 500# for 30 m	nins: ok. Hook up and start	
water injecti	on.		
	1019 bbls/d at 50#. Job com	plete.	
A			
I hereby certify that the talormation above is too look or SIGNATURE		pration Supv. DATE 04-23-91	
TYPEOR PRENT NAME L. M. Sanders		TELEPHONE NO. 368-1387	
(This space for State Use)			
EDITOR OF STREET			