Submit 3 Copies to Appropriate District Office

State of New Mexico Et 1, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

14	WELL API NO	
	30-025	-264

00 DISTRIC: II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM \$8210 5. Indicate Type of Lease STATE FEE 📙 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS (DO NCT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) East Vacuum GB/SA Type of Well: Unit, Tract 3202 MET 2 WELL [OTHER 2. Name of Operator & Well No. Phillips Petroleum Company #008 Address of Operator 9. Pool name or Wildcat 4001 Penbrook, Odessa, Texas 76762 Vacuum GB/SA Well Location _ : 2630 East Unit Letter _ Feet From The Line and Feet From The Line 17-S 35-E Lea Township County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3951.6' GR. 3963.3' RKB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER Repair out of zone Injection х 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.

PULL AND CLEAN OUT WELL. RUN CSG INSPECTION LOG. REPAIR OUT OF ZONE INJECTION. STIMULATE AND RUN MODIFIED TUBING/PACKER ASSEMBLY. RETURN TO INJECTION

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/14/91: /17/91:		& bit clean out	r. Catch pkr. COOH w/tbg & pkr. to 4748'. COOH w/bit. GIH w/sc " tbg open ended to 4739'.			
/18/91:	R.U. Hall	R.U. Halliburton. Spot 25 sx of Class C neat @ 4739'.				
		·	(Over)			
I hereby centry	at the information above	me in a surplete to the best of	my knowledge and belief.			
SIGNATURE	Q41 /1	Iple	mu Supervisor Reg. Prorat	ion DATE 7-18-91		
TYPE OR PROTEIN	L.M.	Sanders		TELEPHONE NO. 368-1488		
(This space for St	ate Use)	SC YARSU YE HE NO ACCOUNT OF THE NEW YORK OF T	POCK			
APPROVED BY			mus	DATE		
CONDITIONS OF A	PTROVAL, IF ANY:					

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