

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.
30-025-26401

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1608

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 Water Injection

2. Name of Operator
Phillips Petroleum Company

3. Address of Operator
4001 Penbrook Street, Odessa, TX 79762

4. Well Location
Unit Letter A : 1310 Feet From The East Line and 200 Feet From The North Line
Section 33 Township 17-S Range 35-E NMPM Lea County

7. Lease Name or Unit Agreement Name

East Vacuum Gb/SA Unit
Tract 3332

8. Well No.
001

9. Pool name or Wildcat
Vacuum Gb/SA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3958' RKB

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: Perforations/Stimulation ☒

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.

12-27-90: MIRU DDU. NU BOP.

12-28-90: Run casing inspection log from 4668' to surf.

12-30-90: Perforate w/23 gram charges w/2 SPF as follows: 4496'-4505', 9', 19 shots: 4433'-4444', 11', 23 shots: 4429'-4432', 3', 7 shots: 4419'-4422', 3', 7 shots: 4413'-4416', 3', 7 shots: 4408'-4410', 2', 5 shots. Test backside to 500#, held OK. Swab 4 hrs.

12-31-90: RU Charger. Pump 5000 gals 15% NEFe HCL - drop 5500# salt. Avg press 0#, ISIP Vac.

1-2-91: Swab.

1-3-91: ND BOP.

1-4-91: Press up csg/tbg annulus to 500# for 30 min for NMOCD test. Test OK. Hook up for injection.

1-5-91: Temp. drop.

2-18-91: Injecting @ 2783 BWPD @ 620#.

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 2/21/91

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: