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 Office				
DISTRICT I P.O. Box 1980, Hobbs NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30-025-26402	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			B-2863-1	
(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.)			7. Lease Name or Unit Agreement Name EAST VACUUM GB/SA UNIT	
1. Type of Well: OIL GAS WELL OTHER WATER INJECTION		TRACT 3374		
2. Name of Operator Phillips Petroleum Com	panv		8. Well No. 002	
3. Address of Operator 4001 Penbrook Street,			9. Pool name or Wildcat VACUUM GRAYBURG/SAN A	NDRES
4. Well Location Unit Letter L : 268		Line and109	2' Feet From The WEST	Line
Section 33	Township 17-S Ra	nge 35-E	NMPM LEA	County
	10. Elevation (Show whether	3949.4' GR		
	ppropriate Box to Indicate			. _
NOTICE OF INTENTION TO:		SOR	SEQUENT REPORT OF	' :
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING	
TEMPORARILY ABANDON LI CHANGE PLANS LI		COMMENCE DRILLING		NMENT L
PULL OR ALTER CASING		OTHER: PLUG BACK 4520' - 4550'		
OTHER:		.1		
 Describe Proposed or Completed O work) SEE RULE 1103. 	perations (Clearly state all pertinent det	ails, and give pertinent dat	es, including estimated date of starting an	y proposed
10/02/96 MIRU BJ COIL 10/03/96 MIRU CHARGER 4588', RDMO		BO'T/4560', CII ALL, RDMO CHARGI	RC CLEAN, COOH RDMO BJ. ER, MIRU JSI, TAG TOP SAI	ND @
10/06/96 MIRU JSI TAG 10/07/96 PU F/TEMP DR	SAND TOP 0 4578' RDMO 🔻	SKS SAND, RDMO	CHARGER, MIRU JSI, TAG	ТОР
10/10/96 INJECT @ 200	0 BWPD 0 625#. 8 BWPD 0 1000#.			
	4 BWPD @ 200# (CK).			
10/13/96 INJECT @ 140	OO BWPD # 1340#. PLETE DROP FROM REPORT.			
Conr	LEIL DROF FROM REFORM.			
I hereby certify that the information above in	is true and complete to the best of my knowledg	e and belief.	/4)	-12 /
SIGNATURE A CONTROL OF THE SIGNATURE	Transfer m	LE <u>Senior Regula</u>	tion Analyst DATE	1.2-9
TYPE OR PRINT NAME arry M. S.	anders		TELEPHONE NO. (915)	<u> 368–148</u>
(This space for State Use)	. 4 .		0.1	26
APPROVED BY	тп	TLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:				