

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 Brancos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-26518
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-1320
7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Tract 3202
8. Well No. 009
9. Pool name or Wildcat Vacuum Gb/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3956' GL

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 0 : 175 Feet From The South Line and 1650 Feet From The East Line Section 32 Township 17-S Range 35-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3956' GL

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: Acidize ☒

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.

1. MIRU. SI Water injection supply line. Pressure test lines to 3500 psi.
2. Acidize well with 5000 gals 15% SWIC acid.
3. Flowback well until load recovered (320 bbls) or well dies, whichever occurs first.
4. Return well back to injection. Desired rate is 1172 BWPD.

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

SIGNATURE L. M. Sanders TITLE Supv. Regulatory Affairs DATE 1-13-93

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 915/368-148

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: