

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. <u>30-025-26518</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>A-1320</u>
7. Lease Name or Unit Agreement Name <u>East Vacuum Gb/San Andres Tract 3202</u>
8. Well No. <u>009</u>
9. Pool name or Wildcat <u>Vacuum GB/San Andres</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>RKB 3956.0' GL 2966.0'</u>

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>	2. Name of Operator <u>Phillips Petroleum Company</u>
3. Address of Operator <u>4001 Penbrook St. Odessa, Texas 79762</u>	4. Well Location Unit Letter <u>0</u> : <u>1650</u> Feet From The <u>East</u> Line and <u>175</u> Feet From The <u>South</u> Line Section <u>32</u> Township <u>17-S</u> Range <u>35-E</u> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>RKB 3956.0' GL 2966.0'</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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. REPAIR OUT OF ZONE INJECTION. PERFORATE AND STIMULATE SA. RUN MODIFIED TUBING/PACKER ASSEMBLY. RETURN TO INJECTION.

(See Attached Procedure)

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

SIGNATURE <u>Jerry Sanders</u>	TITLE <u>REG. & PRORATION SUPV.</u>	DATE <u>7-8-91</u>
TYPE OR PRINT NAME <u>J. M. SANDERS</u>	TELEPHONE NO. <u>368-1387</u>	

(This space for State Use)

ORIGINAL SIGNED BY JERRY SANDERS
DISTRICT SUPERVISOR

APPROVED BY _____	TITLE _____	DATE <u>JUL 29 1991</u>
CONDITIONS OF APPROVAL, IF ANY:		