

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. 30-025-26519
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1400-3
7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Tract 3315
8. Well No. 005
9. Pool name or Wildcat Vacuum Gb/SA

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 ☐
2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook Street, Odessa, Texas 79762
4. Well Location Unit Letter <u>J</u> : <u>1400</u> Feet From The <u>East</u> Line and <u>1685</u> Feet From The <u>South</u> Line Section <u>33</u> Township <u>17-S</u> Range <u>35-E</u> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3949' RKB</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

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: Perforate add'l SA zones & stimulate ☒		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.

Perforate the following intervals from top to bottom using 4" casing guns w/ 23 gram premium charges at 2 jspf on spiral phasing. Correlate depths w/ Wellex's Gamma-Collar Perforation Record dated 2-6-80.

4458'-4464'	6'	12 shots
4476'-4480'	4'	8 shots
4506'-4518'	12'	24 shots
4537'-4554'	<u>17'</u>	<u>34 shots</u>
	39'	78 shots

MI & RU - to acidize. Test surface lines to 3500#. Load annulus and pressure to 500 psi.

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

SIGNATURE L. M. Sanders TITLE Regulation & Proration Supervisor DATE 02-06-91

TYPE OR PRINT NAME L. M. Sanders

TELEPHONE NO. 915/368-1488

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Stimulate entire zone w/ 9,180 gal of 15% NEFe HCl containing clay stabilizer and 5% Techni-Wet 425 (8 drums)

Swab/flow well back until entire load recovered.

RD & MD WSU. Return well to production.

FEB 11 1967