

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.	30-025-26579
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-2073
7. Lease Name or Unit Agreement Name	EAST VACUUM SA UNIT TRACT 2944
8. Well No.	001
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTOR	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	
4. Well Location Unit Letter <u>B</u> : <u>1330</u> Feet From The <u>EAST</u> Line and <u>10</u> Feet From The <u>NORTH</u> Line Section <u>29</u> Township <u>17S</u> Range <u>35E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3963.4 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: ADD PERFORATIONS ☒

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.

PERFORATE THE FOLLOWING ZONES THROUGH TBG. W/3-1/8" CASING GUNS W/12.5 GRAM PREMIUM CHARGES, 2 SPF. 4560'-77' - 17' - 35 SHOTS, 4587-4607' - 20' - 41 SHOTS, 4614-34' - 20' - 41 SHOTS. TREAT SAN ANDRES PERFS 4560-4634 W/3000 GALS. OF FERCHECK 15% HCL ACID. RETURN WELL TO INJECTION.

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 SPECIALIST DATE 8-18-95

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:

AUG 25 1995

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6-1-1971

100-1-100

U.S. ARMY
OFFICE