

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. 30-025-26656 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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. 008
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 Injection	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	
4. Well Location Unit Letter I : 1650 Feet From The South Line and 150 Feet From The East Line Section 33 Township 17-S Range 35-E NMPM Lea County	
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3951' GL; 3961.6 RKB	

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. Shut in water injection supply line. NU to wellhead. Pressure test lines to 3500 psi.
2. - Acidize well with 5000 gals 15% SWIC acid.
3. - Flowback well until load recovered.
4. - Return well back to injection. Desired Rate is 1569 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 1-28-93
TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. (915) 368-1488

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

APPROVED BY _____ TITLE _____ DATE FEB 02 1993
CONDITIONS OF APPROVAL, IF ANY: