

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.
30-025-26677

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
A-1320

7. Lease Name or Unit Agreement Name
**EAST VACUUM GB/SA UNIT
TRACT 3236**

8. Well No.
006

9. Pool name or Wildcat
VACUUM GRAYBURG/SAN ANDRES

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 F : 2500 Feet From The WEST Line and 1450 Feet From The NORTH Line Section 32 Township 17-S Range 35-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3964.7' GR	

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **CO FILL T/PBTD, WASH & ACIDIZE PERFS** ☒

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.

10/15/96 MIRU BJ CT & ACID EQMT, CO F/4106-4758', CIRC CLN, ACIDIZE W/3000 GALS 15% PENTOL ACID WHILE WKNG CT THRU PERFS, FLUSH WHILE COOH W/CT, RDMO BJ EQMT, HK UP & FLOW BK T/Frac TK, OPEN UP T/INJECTION @ 1700 BWPD @ 950#.

10/16/96 INJECT @ 613 BWPD @ 1300#.

10/17/96 INJECT @ 624 BWPD @ 1325#.

10/18/96 INJECT @ 644 BWPD @ 1325#.

COMPLETE DROP F/REPORT

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

SIGNATURE *Larry M. Sanders* TITLE **Senior Regulation Analyst** DATE **08/07/97**

TYPE OR PRINT NAME **Larry M. Sanders** TELEPHONE NO. **(915)368-1488**

(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **AUG 13 1997**

CONDITIONS OF APPROVAL, IF ANY: