

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-26678
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. 007
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 C : 2550 Feet From The West Line and 200 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.) 3970' GR, 3980' RKB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Perforate and stimulate ☒

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.

Last test dated 01-09-91: 66 BOPD, 88 BWPD, 5.0 MCF.

01-30-91: MIRU DDU. COOH w/rods and pump. NU BOP. COOH with tubing.

01-31-91: Perforate from 4632-4646' (14', 2 spf, 29 shots) and 4558-4564' (6', 2 spf, 13 shots) with 23 gram charges in 4" casing guns. Test casing/tubing annulus to 500#; ok.

02-01-91: MIRU Charger to pump 8000 gals 15% NEFe HCl acid with clay stabilizers and 7 drums Techni-wet 425; 9000# rock salt in 128 bbls gelled brine, 39 bbls 2% KCl flush. ISIP: 750#; Max Pressure: 1400#.

02-03-91: GIH w/tubing. ND BOP.

02-06-91: Pump 24 hrs. test: 74 BOPD, 80 BWPD, 42.9 MCF, 2.1% CO₂.
Job complete.

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 02-07-91

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: