Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO.
30-025-26679

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-1608

## 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.)

7. Lease Name or Unit Agreement Name
East Vacuum Gb/SA Unit

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

8. Well No. (Tract 3332)
002

2. Name of Operator
Phillips Petroleum Company

9. Pool name or Wildcat
Vacuum Gb/SA

3. Address of Operator
4001 Penbrook Str., Odessa, TX 79762

4. Well Location
Unit Letter A : 150 Feet From The East Line and 250 Feet From The North Line

Section 33 Township 17-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3932' GL

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: [ ] | | OTHER: Stimulation & scale squeeze [X] | |

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.

1-19 thru
1-22-90: 4748' PTD. RU DDU. Kill well. COOH w/submersible equip. No scale found. GIH w/tbg & pkr set @ 4333'. Ru Charger. Acidize w/3000 gals of 15% NEFe HCl w/2 drums of 425. Dropped 1250# of rock salt in 1250 gal of gelled brine. Flush w/50 bbls FW. Max Press: 1650#. Rate 2 bbl/min. ISIP: 1300#. RD Charger. RU to swab. Rec 282 bbls total fluid. Squeeze w/4 drums of 756 scale inhibitor. COOH w/tbg & pkr. GIH w/tbg & submersible equip.
1-20-90: pump 24 hrs. 63 oil, 335 wtr, & 28.6 MCF.
1-21-90: Pump 24 hrs. 60 oil, 315 wtr, & 29.6 MCF.
1-22-90: Pump 24 hrs. 57 oil, 300 wtr, & 33.5 MCF.
Test before workover - pmpd 70 BOPD .5 MCFG, 175 BWPD.

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

SIGNATURE J. L. Maples TITLE Assist., Reg. & Pro. DATE 6/18/90

TYPE OR PRINT NAME J. L. Maples TELEPHONE NO. 367-1411

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JUN 25 1990

CONDITIONS OF APPROVAL, IF ANY: