

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. 30-025-26861
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-2423-12
7. Lease Name or Unit Agreement Name E. Vac. Gb/SA Unit Tr 2963
8. Well No. 005
9. Pool name or Wildcat

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 W.I.	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook St.	
4. Well Location Unit Letter M : 90 Feet From The South Line and 50 Feet From The West Line Section 29 Township 17-S Range 35-E NMPM Lea County	
10. Elevation (Show whether D.F., RKB, RT, GR, etc.) 3984.4 RKB 3972.8 GL	

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: ☐

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.

11-20-90: MIRU DDU - NU BOP. GIH w/3-3/4" bit, 6-3-1/2" collars & 2-3/8" work string. Clean out to 4700'. COOH w/tbg. and LD tools. Test csg. locate leak @ $\pm 6'$ of 4-1/2" csg & 8-5/8" surface csg. Fill 8-5/8" w/ cement. Set packer @ 4295' - MIRU charger. Pump 4000 gal 15% NEFe HCl acid w/double FE, clay stabilizers & 4 drum Techni-Wet 425, 3000# rock salt in gelled brine + 2% KCl flush. Max press 2100# avg press 1300# ISIP 1000#. Avg rate 3.5 BPM, RD charger. GIH w/inj pkr & IPC tbg, ND BOP. Test pkr to 500# for 30 min - OK. Start injection.

11-22-90: Injecting @ 366 BPD @ 450#. Complete drop from rpt.

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

SIGNATURE L. M. Sanders TITLE Reg. & Proration Supv. DATE 11-29-90
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: