

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.	30-025-26994
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1399-10
7. Lease Name or Unit Agreement Name	EAST VACUUM GB/SA UNIT TRACT 2913
8. Well No.	-2913 009
9. Pool name or Wildcat	009 Vacuum GB/SA

1. Type of Well:	GAS WELL <input type="checkbox"/> OTHER INJECTION		
2. Name of Operator	Phillips Petroleum Company		
3. Address of Operator	4001 Penbrook Street, Odessa, TX 79762		
4. Well Location	Unit Letter 0 : 1150 Feet From The SOUTH Line and 2500 Feet From The EAST Line		
Section	29	Township	17-S Range 35-E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
3968' 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: REPERF & 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.

08/03/95 MIRU HLS, RPERFORATE THRU TBG AS FOLLOWS: 4606'-4620', 2SPF; 4534'-4574', 1 SPF; 4520'-4525', 2 SPF, RD MO HLS, FLOW BACK 40 BBLs, MIRU HES, ACIDIZE W/4500 GALS 15% FERCHECK, RD MO HES. FLOW BACK TO FRAC TANK, RECOVER 360 BBLs, START WATER INJECTION.  
08/15/95 INJECT 75 BWPd @ 1320#  
08/16/95 INJECT 47 BWPd @ 1325#  
08/17/95 INJECT 52 BWPd @ 1325#  
COMPLETE DROP FROM REPORT

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 SPECIALIST DATE 08/23/95

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:

AUG 28 1995