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State of New Mexico

Form C-103 to Appropriate District Office Energy, Minerals and Natural Resources Department **Revised 1-1-89** DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-025-26994 DISTRICT II
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Losse STATE FEE 📙 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. B-1399-10 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 Type of Well: East Vacuum Grayburg San Andres WELL [WELL [one Water Injection Tract 2913 2. Name of Operator 8. Well No. Phillips Petroleum Company 009 3. Address of Operator 9. Pool same or Wildcat 4001 Penbrook Street, Odessa, Texas 79762 Vacuum Gb/SA 4. Well Location O : 1150 Feet From The South Line and 2500Unit Letter _ Feet Prom The East Line 29 Section Township 17-S Range 35-E
/// 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 17-S **NMPM** Lea County 3968' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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:_ 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. 03-18-91: MIRU DDU. Unflange wellhead. NU BOP. Scan tubing out.

03-19-91:		Hook up for injection. Los	ad and test
03-20-91:	casing/tubing annulus; ok. Run injection profile log.	Start injection.	
03-21-91:		/3500# rock salt in 52 bbls o	gelled brine.
03-27-91:	ND BOP. Test casing/tubin- tion. Start injection. N	g annulus to 500#; ok. Hook	up for injec-
03-30-91:	Injection at 85 bbls/day a Job complete.	t 1325#.	
I hereby certify that th	e information above is true and complete to the best of my knowle	ndge and belief.	
SIONATURE	Manles	Reg. & Proration Supv.	_ DATE 04-01-91
TYPE OR PRINT NAME	L. M. Sanders		TELEPHONE NO. 368-1387
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APPROVED BY ———		— mu ——————————————————————————————————	- DATE
CONDITIONS OF APPRIC	DVAL, IF ANY:		