

**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.	30-025-27116
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1482-3
7. Lease Name or Unit Agreement Name	EAST VACUUM GB/SA UNIT TRACT 2720
8. Well No.	006
9. Pool name or Wildcat	VACUUM GRAYBURG/SAN ANDRES

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	
4. Well Location Unit Letter <u>H</u> : <u>1550</u> Feet From The <u>NORTH</u> Line and <u>150</u> Feet From The <u>EAST</u> Line Section <u>27</u> Township <u>17-S</u> Range <u>35-E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, \ R, etc.) 3928' GR, 3955' DF, 3939' RKB	

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: REPAIR LEAK AND RE-RUN INTEGRITY TST ☒

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.

07/02/97 OCD REPORTED WELL FAILED MECHANICAL INTEGRITY TEST IN 1996. OCD REQUESTED WELL BE SI 6/18/96 UNTIL REPAIRS MADE AND INTEGRITY TEST RE-RUN.  
07/25/97 REPAIRS COMPLETED TO WELL - WELDED FULL CIRCUMFERENCE PATCH TO AREA BETWEEN BRADENHEAD AND TUBING HEAD. OCD APPROVED REPAIR W/STIPULATION THAT THEIR REP. BE PRESENT DURING MECHANICAL INTEGRITY TEST.  
07/25/97 1:30 PM PERFORMED MECHANICAL INTEGRITY TEST WITH B.HILL (OCD REP.) WITNESSING AND APPROVING RETURN TO INJECTION.  
CHART ATTACHED.

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

SIGNATURE Larry M. Sanders TITLE Senior Regulation Analyst DATE 08/08/97

TYPE OR PRINT NAME Larry M. Sanders

TELEPHONE NO. (915) 368-1488

(This space for State Use)

ORIGINAL SIGNED BY JOHN WILLIAMS  
DISTRICT I SUPERVISOR

AUG 18 1997

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

*my*

JCB

