

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

Corrected Copy

WELL API NO.	30-025-27117
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1839-1
7. Lease Name or Unit Agreement Name	East Vacuum Gb/SA Unit Tract #2738
8. Well No.	#8
9. Pool name or Wildcat	Vacuum GB/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3947' RKB - 3935' GL

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 ☐

2. Name of Operator  
Phillips Petroleum Company

3. Address of Operator  
4001 Penbrook Street, Odessa, Texas 69762

4. Well Location

Unit Letter F : 1500 Feet From The North Line and 2500 Feet From The West Line

Section 27 Township 17-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3947' RKB - 3935' 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 ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐

OTHER: "Pull & clean out well. Run CSG  
Inspection Log & Stimulate. Rerun" ☒

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.

CO2 Spec. Equipment and Return to Operation".

MIRU DD WSU. KILL WELL IF NECESSARY. RIG-UP BOP. COOH W/ 2-7/8" INJECTION  
TBG & BAKER LOK-SET PKR.  
RIH W/ 4-7/8" BIT, 6 3-1/2" COLLARS AND 2-7/8" J-55 WORKSTRING TUBING.  
MIRU REVERSE UNIT. CLEAN OUT WELL TO +/- 4655'. COOH W/ DRILLING ASSEMBLY  
AND WORKSTRING TUBING. RDMO REVERSE UNIT.

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

SIGNATURE [Signature] TITLE Supervisor Reg. Proration DATE 8-19-91

TYPE OR PRINT NAME L.M. SANDERS

TELEPHONE NO. 368-1488

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 1001

CONDITIONS OF APPROVAL, IF ANY: