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.
30-025-27114

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-2245

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
East Vacuum Gb/SA Unit Tract 1952

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Phillips Petroleum Company

8. Well No.
002

3. Address of Operator
4001 Penbrook Street, Odessa, Texas 79762

9. Pool name or Wildcat
Vacuum Gb/SA

4. Well Location
Unit Letter F : 2600 Feet From The North Line and 1400 Feet From The West Line

Section 19 Township T-17-S Range R-35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3988' GR

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 [ ]	REMEDIAL WORK [XX]	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.

01-28-91: MIRU DDU. NU BOP. Clean out from ±4610' to 4712'. Load and test annulus to 500#; ok. MIRU Charger to pump 2000 gals 15% NEFe HCl acid w/clay stabilizers and two drums Techni-wet 425. ISIP 1150; Max. Press. 1500#. GIH w/packer and tubing; test tubing to 5000# below slips. ND BOP. Load and test tubing/casing annulus to 500# for 30 minutes for NMOCD; ok. Hook up well for injection. Start injection.

01-31-91: Rate: 83 bbls/day at 650#.
Job complete.

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 & Proration Supervisor DATE 02-04-91

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: