State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-27343 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artosia, NM 88210 5. Indicate Type of Lease STATE FEE 1000 Rio Brazos Rd., Azlec, NM 87410 6. State Oil & Gas Lense No. B-2388 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) East Vacuum Gb/SA Unit Type of Well: WELL OTHER W.I WELL Tract 2060 2. Name of Operator 8. Well No. 001 Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762 Vacuum Gb/SA Wall Location 2525 West Unit Letter K: 1325 Feet From The South Line and Feet From The Line nship 17-S Range 35-E 1/10. Elevation (Show whether DF, RKB, RT, GR, etc.) **NMPM** Section Lea County 3973.9' RKB; 3963.4' GL 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 CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** 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. MIRU DDU. NU BOP. GIH w/packer and tubing; set packer at 4477'; load 05-05-91: and test to 500# - ok. MIRU Charger to pump 3000 gals CHIC III acid, 2000# rock salt in 36 bbls gelled brine and 21 bbls 2% KCl flush. 1800#; Max. Press.: 2850. RDMO Charger. Swab. GIH W/4-1/2"Baker Loc-Set packer on 143 jts 2-3/8" TK70 lined tubing. ND BOP. Set packer at 4467'. Load and test casing/tubing annulus to 500# for 30 minutes - ok. Job complete.

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I hereby certify that the information above	re is true and complete to the best of my know	mus Reg. & Proration Supv.	DATE05-07-91
TYPE OR TRUDE NAME L. M.	Sanders		ТЕLЕРНОМЕ NO. 368-1387
(This apace for State Use)	ल १५ ११ <b>८</b> २५		en de la
APPROVED BY		пп.	DATE