

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. 30-025-27426
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1040-7
7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Tract 2206
8. Well No. 001
9. Pool name or Wildcat Vacuum Gb/SA

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Phillips Petroleum Company	
3. Address of Operator 4001 Penbrook St., Odessa, Texas 79762	
4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>22</u> Township <u>17-S</u> Range <u>35-E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3939.2' GL	

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: Swab Test ☒

**SUBSEQUENT REPORT OF:**

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

1. MIRU DDU. NU BOP.
2. RIH and retrieve rods left in hole.
3. RIH w/overshot and retrieve 2-3/8" tubing left in hole. NOTE: If tubing is below perfs, it does not need to be recovered.
4. If necessary, RIH w/casing scraper to  $\pm 50'$  above top perf (4579'). COOH.
5. RIH w/packer to  $\pm 50'$  above top perf. Set packer, and load backside to verify casing integrity.
6. Swab test. If decision is made to TA, go to step 7. If decision is made to re-activate, COOH, ND BOP, RD DDU, and wait on reactivation procedure.
7. COOH with packer. RIH with CIBP within 100' of top perf. Fill casing with inhibited fluid containing 1% TH-370 by volume. Close BOP. Pressure test 500 psi and record chart. COOH w/tubing. ND BOP. RD DDU.

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

SIGNATURE [Signature] TITLE Supv., Reg. Affairs DATE 6/3/94  
TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 915/368-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

JUN 07 1994

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**

**JUN 06 1994**

**UCC HOBBS  
OFFICE**