

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 Brancos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-27606 ✓
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. A-1320
7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Tract 3202
8. Well No. 010
9. Pool name or Wildcat Vacuum Gb/SA
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3953' 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 Water Injection

2. Name of Operator
Phillips Petroleum Company

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

4. Well Location
Unit Letter A : 1200 Feet From The North Line and 50 Feet From The East Line
Section 32 Township 17-S Range 35-E NMPM Lea County

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: Acidize ☒

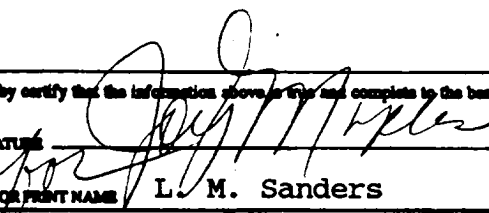
SUBSEQUENT REPORT OF:

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. SI water injection supply line. Pressure test lines to 3500 psi.
2. Acidize well w/5000 gals 15% SWIC acid.
3. Flowback well until load recovered (366 bbls) or well dies, whichever occurs first.
4. Return well back to injection. Desired rate is 1172 BWPD.

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

SIGNATURE  TITLE Supervisor, Reg. Affairs DATE 1-13-93

TYPE OR PRINT NAME L. M. Sanders

TELEPHONE NO 915/368-1488

(This space for State Use) ORIGINAL SIGNED BY JEFF L. COTTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: