

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. 30-025-28054
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2317
7. Lease Name or Unit Agreement Name Mable
8. Well No. 5
9. Pool name or Wildcat Vacuum Gb/San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4022' GR, 4032' RKB

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 ☐ GAS ☐ OTHER WI (Per Order R-7103)

2. Name of Operator
Phillips Petroleum Company

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

4. Well Location
Unit Letter E : 1330 Feet From The North Line and 110 Feet From The West Line
Section 35 Township 17-S Range 34-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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Acidize ☒

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.

8-1-90: RU DDU. COOH w/tbg & inj. pkr.

8-2-90: Acidize w/20% NEFe HCl load. Pump 6000 gals acid. Pump 700 lbs graded rock salt mixed in 700 gals 10 ppg brine. Flush to bottom perf w/21 BFW.

8-3-90: Place well on injection. Temp. drop from report.

8-15-90: Injecting down 5-1/2" casing and perms 4546'-4586'.
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 Supv., Reg. & Pro. DATE 8/30/90
TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. 367-1488

(This space for State Use)

APPROVED BY _____
Geologist TITLE _____
Geologist DATE _____
Geologist

CONDITIONS OF APPROVAL, IF ANY: