

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.  
30-025-28055

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-2317

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

7. Lease Name or Unit Agreement Name

M. E. Hale

8. Well No.  
12

9. Pool name or Wildcat  
Vacuum Gb/SA

4. Well Location  
Unit Letter 0 : 1260 Feet From The South Line and 2630 Feet From The East Line  
Section 35 Township 17-S Range 34-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4015' GL; 4027' RKB

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: Started Injection ☒

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.

3-12-93 - MIRU Service to run step rate test. Start pump. 1 BPM - Press. 1500#.  
Stop pumps after 15 bbls - Press. 1750#.  
Start pump - 2 BPM - Press 1500#. Stop pumping after 30 bbls. - Press.  
1950#. Start Pump- 3 BPM - Press. 1500#. Stop Pumping after 45 bbls.  
Press. 2200#. Start Pump - 4 BPM - Press. 1500#. Stop pump after 25 Bbls  
Press 2400#.  
PUT WELL BACK ON INJECTION.

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. Regulatory Affairs DATE 03-24-93  
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:

MAR 30 1993

RECEIVED

MAR 29 1993

OLD HOPPS OFFICE