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. 30-025-30019

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-2863-1

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.)

7. Lease Name or Unit Agreement Name: East Vacuum GB/SA Unit Tract 3374

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Phillips Petroleum Company

8. Well No. 003

3. Address of Operator: 4001 Penbrook St., Odessa, Texas 79762

9. Pool name or Wildcat: Vacuum Gb/SA

4. Well Location
Unit Letter L : 2630 Feet From The South Line and 400 Feet From The West Line

Section 33 Township 17-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3950' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

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	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Acidized			[X]

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.

5-13-92: R.U. DDU. Nu BOP. R. U. Charger. Acidize in 5500 gals of 15% NEFe HCl.
5-15-92: RU Swab. Pump 4 drums TH 756 in 40 bbls 2% KCl. Flush w/250 bbls 2% KCl w/ 5 gal TC420.
5-18-92: PU GIH w/sub equip & tbg. Set bottom of motor @ 4502'. ND BOP. Flange up wellhead. Start pumping. RDMO.
5-21-92: Pump 24 hrs. 103 BOPD 389 BWPD 95.7 MCF 926.249 GOR.

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/Proration DATE 5-22-92

TYPE OR PRINT NAME L. M. Sanders TELEPHONE NO. (915) 368-1488

(This space for State Use)

APPROVED BY [illegible] TITLE [illegible] DATE MAY 27 '92

CONDITIONS OF APPROVAL, IF ANY: