

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. 30-025-30021
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1576-3
7. Lease Name or Unit Agreement Name Tract 3229 East Vacuum Gb/SA Unit
8. Well No. 010
9. Pool name or Wildcat Vacuum Gb/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3945' GR

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 ☐
2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook (Rm 400), Odessa, Texas 79762
4. Well Location Unit Letter L : 1980 Feet From The South Line and 10 Feet From The West 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

12-3-90: RU DDU. COOH w/rods and pump. NU BOP. COOH w/thg.
12-5-90: GIH w/4" csg guns w/2 JSPF premium 23 gram charges: Shoot 4319'-25', 6', 12 holes; 4327'-36', 9', 18 holes; 4350'-75', 25', 50 holes; 4379'-81', 2', 4 holes; 4383'-86', 3', 6 holes; 4396'-4400', 4', 8 holes; 4402'-08', 6', 12 holes; 4410'-16', 6', 12 holes; 4426'-67', 41', 82 holes; 4502'-28', 26', 52 holes.
12-6-90: Swab.
12-7-90: MIRU Charger to pump 9000 gal 15% NEFe HCl w/clay stabilizer, 11 drum Techni-wet 425, 4100# rock salt in 4100 gal gelled brine, 2% KCl flush. Max Press 3100#, ISIP 1600#, Swab.
12-10-90: ND BOP. NU wellhead.
12-11-90: GIH w/2-1/2" X 2" X 22' pump. HD RD MD DDU. Pump 18 hr no test.
12-15-90: Pump 24 hrs, 21 BOPD, 395 BWPD, 12.6 MCF. Job complete.

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

SUPERVISOR, Regulation & Proration

SIGNATURE L. M. Sanders TITLE Regulation & Proration DATE 12/20/90

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: