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.
30-025-30617

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

7. Lease Name or Unit Agreement Name
M. E. Hale

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

2. Name of Operator
Phillips Petroleum Company

8. Well No.
23

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

9. Pool name or Wildcat
Vacuum Grayburg/San Andres

4. Well Location
Unit Letter P : 620 Feet From The South Line and 1250 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.)
4011.4' GR

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: Perf'g & acid'g			[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.

1-12 thru
1-18-90: 4640' PTD. MI & RU DDU. Used pressure flotation tool (PFT) to breakdown and clean up perfs 4390'-4566'. Injected 2000 gals 15% NEFe HCl acid containing 2 gals CT-23, 2 gals NE-2 & 4-10 gals FE-300L. Recovered load. Reran production equip. Pmpd 24 hrs rec 17 BO, 100 BW & 0.5 MCFG.

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

SIGNATURE J. L. Maples TITLE Assist. Reg & Pro DATE 6/15/90

TYPE OR PRINT NAME J. L. Maples TELEPHONE NO. 367-1411

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUN 25 1990

CONDITIONS OF APPROVAL, IF ANY: