

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. 30-025-32060
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2273-2

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name East Vacuum Gb/SA Unit Tract 3456
2. Name of Operator Phillips Petroleum Company	8. Well No. 011
3. Address of Operator 4001 Penbrook Street, Odessa, TX 79762	9. Pool name or Wildcat Vacuum Gb/SA
4. Well Location Unit Letter <u>E</u> : <u>1340</u> Feet From The <u>North</u> Line and <u>712</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>17-S</u> Range <u>35-E</u> NMPM <u>Lea</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3935' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Set Surface &amp; Prod. String</u> <input checked="" type="checkbox"/>

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.

9-08-93 - Spud 12-1/4" hole.  
9-12-93 - Run 39 jts. 8-5/8" csg. to 1612'. cmt. w/1000 sxs Class C w/2% CaCL2.  
Circ. 180 sx. to reserve. WOC 20 hrs.  
9-13-93 - Drilling 7-7/8" hole.  
9-15-93 - Prep. to plug back. Mix and balance 175 sx. Class "C" w/2% CaCL2 2603'-  
2000'. Pull 15 std. DP. Circ. 15 mins. to clean DP. Pull 21 std. DP,  
Well started to flow. WOC.  
9-16-93 - Cmt. Top @2087'.  
9-23-93 - Rig and log, LSSL/GR/CAL 4753'-1770', FWSL/GR/CAL 4753'-4100', DLL MSFL  
4801'-2700', SD/DS NL/GR CAL. 4799'-50'. NU 7.063 x 3000 Wellhead w/  
blank. Test wellhead pack-off to 3000 psi, O.K. Release rig.  
9-24-93 - Run 111 Jts. 15.50#, K-55 5-1/2" csg. @4800'. Cmt. w/750 sxs. 65/35  
Hi-Early, 2.4 PPS Salt and 350 sxs. 50/50 poz .5% HALAD 9 and 1.5% CaCL2.  
Change pipe rams and test to 3000 psi. O.K. Set ACP pkr @1425. Bump (OVER)

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 09-27-93  
TYPE OR PRINT NAME L. M. Sanders (915) TELEPHONE NO. 368-1488

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SEP 30 1993

CONDITIONS OF APPROVAL, IF ANY:

Cont. 9/24/93 plug w/1150 psi over lift of 1600 psi to inflate ACP. Held  
5 min. float held OK.

SEP 24 1993

OCD HEADQUARTERS  
OFFICE