

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. 30-025-27306
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-1924
7. Lease Name or Unit Agreement Name San Simon 32 A St.Com.
8. Well No. 1
9. Pool name or Wildcat East Grama Ridge Morrow

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Phillips Petroleum Company
3. Address of Operator 4001 Penbrook St., Odessa, Texas 79762
4. Well Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>21-S</u> Range <u>35-E</u> NMPM <u>Lea</u> County
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3641.5' GR

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: Acidize ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ 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.

1. Pressure casing tubing annulus to 500 psi. Monitor backside for any indication of leakoff.
2. MI and RU CUDD coiled tubing unit. RIH w/1-1/4" coil tubing to approx. 12,745'.
3. RU to pump 500 gals 15% NeFe HCl. Pressure test all surface lines to 5000 psi.
4. SI one hour. Jet back load with nitrogen to frac tank.
5. If workover is unsuccessful, shut the well in until further evaluation.

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

SIGNATURE

TITLE

Supv. Regulatory Affairs DATE 1-13-93

TYPE OF EVENT NAME

L. M. Sanders

TELEPHONE NO. 915/368-1481

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

JAN 19 1993

CONDITIONS OF APPROVAL, IF ANY: