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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office

OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-039-07701 DISTRICT II Santa Fe. New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: San Juan 29-6 Unit 009257 οίι Well □ GAS WELL X 017654 OTHER 8. Well No. 2. Name of Operator SJ 29-6 Unit #62 Phillips Petroleum Company 9. Pool name or Wildcat 3. Address of Operator 5525 Highway 64, NBU 3004, Farmington, NM 87401 Blanco Mesaverde 72319 4. Well Location 1090 1090 Feet From The East North Feet From The Line and Unit Letter Rio Arriba NMPM County Township Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDONMENT CHANGE PLANS COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING X OTHER Add Pay and Stimulate OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give the Complete Compl richeling stappeted date of starting any proposed work) SEE RULE 1103. NU BOP. ONL COM, DAY. POOH w/production tubing. Isolate existing Mesaverde perfs with retrievable bridge plug. Pressure test casing. Perforate and stimulate the Lewis Shale (perfs to be determined after well logged). Retrieve RBP and run production tubing.

Flow test the Lewis Shale.

A workove	pit may be required.		
I hereby ceptify the SIGNATURE	the information above is true and complete to the best of my knowledge of the best of the best of my knowledge of the best of the best of my knowledge of the best	owledge and belief.  TITLE Regulatory Assistant	DATE 3-31-97 TELEPHONE NO.505-599-3454
(This space for Sta		TITLE	/ APR - 2 103

CONDITIONS OF APPROVAL, IF ANY: